

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name	Birch Creek Golf Course	PWS ID#	41 90240
Month/Year	9 / 25	Entry Point:	EP-A (well)
		Required Minimum Residual	0.3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:20		.52	
2	10:15		.94	
3	11:37		1.22	
4	12:14		.84	
5	8:50		.75	
6	3:45		.44	
7	3:04		.48	
8	9:40		.61	
9	9:10		.72	
10	9:14		.34	
11	10:35		.43	
12	9:42		.62	
13	11:27		.71	
14	1:04		1.2	
15	1:16		1.01	
16	12:40		.77	
17	11:57		.86	
18	10:14		.84	
19	9:00		.81	
20	12:35		.82	
21	2:13		.78	
22	9:14		.72	
23	10:50		.65	
24	11:15		.83	
25	12:30		.91	
26	1:05		.95	
27	11:20		.74	
28	11:25		.81	
29	10:20		1.21	
30	9:20		.86	
31				

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L? ☐ Yes ☒ No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<b>GWS Serving 3,300 or Fewer</b>  If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach those results and submit them with this form.</i>	<div style="border: 1px solid black; padding: 5px;"> <b>GWS Serving More Than 3,300</b>                       Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No                       If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No   <i>Attach grab sample results and submit them with this form.</i> </div> <div style="border: 1px solid black; padding: 5px;">                         Date continuous monitoring equipment failed: _____ / _____ / _____                           Date it was returned to service: _____ / _____ / _____                     </div>
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Printed Name: Haylea Fetterhoff Signature: <u>HFetterhoff</u> Date: 10 / 7 / 25	Title: Clubhouse Manager Phone #: (541) 966-1883	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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Return by 10<sup>th</sup> of following month by either email [dwpmce@odhsoha.oregon.gov](mailto:dwpmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019