

**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 10 / 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	1:17		.44	
2	3:45		.68	
3	10:30		.52	
4	12:35		.81	
5	11:19		.74	
6	1:34		.52	
7	1:21		.44	
8	11:20		.41	
9	3:02		.33	
10	12:15		.44	
11	3:05		.57	
12	3:15		.61	
13	4:12		.72	
14	9:20		1.4	
15	9:30		1.2	
16	9:45		.81	
17	10:13		.73	
18	11:25		.91	
19	10:22		.84	
20	11:18		.55	
21	3:07		.54	
22	4:54		.43	
23	12:19		.58	
24	5:02		.63	
25	4:10		.51	
26	3:30		.66	
27	2:16		.41	
28	1:10		.45	
29	1:52		1.22	
30	11:41		1.1	
31	11:12		.84	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
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<p>Printed Name: Haylea Fetterhoff</p> <p>Signature: <u>H Fetterhoff</u></p> <p>Date: 10 / 31 / 25</p>	<p>Title: Clubhouse Manager</p> <p>Phone #: (541) 966-1883</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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Return by 10th of following month by either email dlw.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.