

**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 12 / 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		.74	
2	10:15		.69	
3	11:10		1.2	
4	9:18		.98	
5	9:07		.88	
6	12:54		.84	
7	1:10		.62	
8	9:12		.71	
9	3:48		.44	
10	4:12		.52	
11	10:33		.41	
12	11:19		.69	
13	12:16		.78	
14	3:50		.81	
15	4:45		1.32	
16	10:16		1.01	
17	10:11		.68	
18	9:50		.63	
19	10:35		.54	
20	1:13		.38	
21	2:43		.51	
22	12:19		.72	
23	1:30		.73	
24	9:42		.89	
25	3:22		.78	
26	11:19		.84	
27	12:37		.91	
28	3:04		.99	
29	4:20		.48	
30	1:17		.36	
31	11:18		.57	

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>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Haylea Fetterhoff Signature: <u>H Fetterhoff</u> Date: 12 / 31 / 25	Title: Clubhouse Manager Phone #: (541) 966-1883	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.