

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 **2 / 26** 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	1:10		.62	
2	12:40		.78	
3	1:18		.53	
4	2:56		.41	
5	2:51		1.32	
6	9:15		.97	
7	9:10		.84	
8	12:20		.55	
9	11:22		1.22	
10	3:46		.81	
11	2:30		.64	
12	9:10		.62	
13	11:11		.73	
14	3:50		.94	
15	3:11		1.11	
16	12:30		1.33	
17	11:10		1.23	
18	12:45		.94	
19	9:52		.82	
20	10:11		.89	
21	9:40		1.32	
22	3:15		1.25	
23	4:20		1.11	
24	11:20		.95	
25	12:19		.77	
26	9:17		.98	
27	9:30		1.22	
28	10:20		1.45	
29				
30				
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.

<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** Title: **Clubhouse Manager** Operator Certification #: _____
 Signature: *HFetterhoff* Phone #: **(541) 966-1883** OR
 Date: **3 / 1 / 26** Small Groundwater System

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.