

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 3 / 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	12:30		1.03	
2	12:26		1.45	
3	9:35		1.37	
4	9:52		1.44	
5	10:34		.98	
6	11:51		.74	
7	1:40		.82	
8	12:40		1.44	
9	2:31		1.05	
10	11:40		1.09	
11	2:38		.94	
12	1:48		.82	
13	1:20		1.33	
14	11:25		1.05	
15	3:47		.84	
16	1:10		.89	
17	3:50		1.11	
18	2:32		1.25	
19	11:37		1.77	
20	11:22		1.41	
21	10:45		1.55	
22	2:48		1.72	
23	3:51		.99	
24	4:10		1.65	
25	3:19		1.22	
26	10:45		1.55	
27	9:42		.94	
28	9:15		.54	
29	10:11		.66	
30	12:15		.62	
31	11:30		.74	

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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>

<p>Printed Name: Haylea Fetterhoff</p> <p>Signature: <u>Haylea Fetterhoff</u></p> <p>Date: 4 / 1 / 26</p>	<p>Title: Clubhouse Manager</p> <p>Phone #: (541) 966-1883</p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.