

STATE OF OREGON DRINKING WATER PROGRAM MONTHLY DISINFECTION REPORT FOR GROUND WATER SYSTEM

MONTH/YEAR

COOS GOLF CLUB - Formerly WATSON RANCH GOLF

ENTRY POINT - GOLF SHOP PWS 4190859

MINIMUM REQUIRED CHLORINE IS 0.7 mg/L

| DATE | TIME | SOURCE | CHLORINE RESIDUAL |
|------|------|--------|-------------------|
| 1 | 730 | WELL | 0.77 |
| 2 | 730 | | 0.78 |
| 3 | 700 | | 1.43 |
| 4 | 700 | | 1 |
| 5 | 630 | | 0.89 |
| 6 | 630 | | 0.72 |
| 7 | 700 | | 0.6 |
| 8 | 700 | | 0.89 |
| 9 | 700 | | 1.27 |
| 10 | 600 | | 1.52 |
| 11 | 630 | | 1.1 |
| 12 | 700 | | 1.01 |
| 13 | 700 | | 0.88 |
| 14 | 730 | | 0.73 |
| 15 | 730 | | 0.67 |
| 16 | 730 | | 1.83 |
| 17 | 700 | | 1.5 |
| 18 | 730 | | 0.95 |
| 19 | 700 | | 0.72 |
| 20 | 630 | | 0.83 |
| 21 | 700 | | 0.92 |
| 22 | 730 | | 0.66 |
| 23 | 730 | | 1.27 |
| 24 | 600 | | 0.84 |
| 25 | 730 | | 0.69 |
| 26 | 700 | | 0.75 |
| 27 | 630 | | 0.75 |
| 28 | 630 | | 0.55 |
| 29 | 630 | | 1.42 |
| 30 | 700 | | 1.2 |
| 31 | 630 | | 0.8 |

email this report by the 7th day of every month to <u>dwp.dmce@state.or.us</u>

WAS THE CHLORINE RESIDUAL EVER LESS THAN THE REQUIRED MINIMUM RESIDUAL OF 0.7 mg/l? IF YES WHAT WAS THE LONGEST TIME PERIOD UNTIL MINIMUM REQUIRED LEVEL WAS RESTORED

YES/NO

If >4 hours, Drinking Water Program must be notified by end of next business day. AND CHLORINE MUST BE MEASURED AT LEAST EVERY 4 HOURS UNTIL THE MINIMUM CHLORINE LEVEL IS AGAIN ACHIEVED.

NAME OF PERSON SUBMITTING REPORT DATE REPORT SUBMITTED Jake Adkins 7-Apr 2021