STATE OF OREGON DRINKING WATER PROGRAM

MONTHLY DISINFECTION REPORT FOR GROUND WATER SYSTEM

MONTH/YEAR

ENTRY POINT - GOLF SHOP

COOS GOLF CLUB - Formerly WATSON RANCH GOLF

PWS 4190859

2 700 0.78 3 630 1.86 4 700 0.87 5 1000 0.72 6 700 0.83 7 700 0.8 8 700 0.72 9 600 0.87 10 630 0.86 11 630 0.86 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.73 18 700 0.77 19 630 0.96 20 700 0.74 22 800 1.36 23 700 0.74 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93	DATE	TIME	SOURCE	CHLORINE RESIDUAL
3 630 1.86 4 700 0.87 5 1000 0.72 6 700 0.83 7 700 0.8 8 700 0.772 9 600 0.87 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.74 22 800 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93	1	630	WELL	0.7
4 700 0.87 5 1000 0.72 6 700 0.83 7 700 0.8 8 700 0.72 9 600 0.87 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.73 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93 29 700 0.85 30 700 0.85	2	700		0.78
5 1000 0.72 6 700 0.83 7 700 0.8 8 700 0.72 9 600 0.87 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 20 700 0.77 19 630 0.96 20 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	3	630		1.86
6 700 0.83 7 700 0.88 8 700 0.72 9 600 0.86 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93 29 700 0.85 30 700 0.85 30 700 1.14	4	700		0.87
7 700 0.8 8 700 0.72 9 600 0.86 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93 29 700 0.85 30 700 0.85 30 700 1.14	5	1000		0.72
8 700 0.72 9 600 0.87 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 0.93 29 700 0.85 30 700 0.85	6	700		0.83
9 600 0.87 10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	7	700		0.8
10 630 0.86 11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.73 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	8	700		0.72
11 630 1.22 12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	9	600		0.87
12 700 1.05 13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.74 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	10	630		0.86
13 700 0.84 14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.74 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	11	630		1.22
14 700 0.76 15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	12	700		1.05
15 700 0.89 16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	13	700		0.84
16 700 0.72 17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	14	700		0.76
17 700 0.78 18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	15	700		0.89
18 700 0.77 19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	16	700		0.72
19 630 0.96 20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	17	700		0.78
20 700 0.7 21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	18	700		0.77
21 700 0.74 22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	19	630		0.96
22 800 1.36 23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	20	700		0.7
23 700 0.71 24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	21	700		0.74
24 700 0.73 25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	22	800		1.36
25 700 1.79 26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	23	700		0.71
26 600 1.58 27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	24	700		0.73
27 700 1.1 28 700 0.93 29 700 0.85 30 700 1.14	25	700		1.79
28 700 0.93 29 700 0.85 30 700 1.14	26	600		1.58
29 700 30 700 1.14	27	700		1.1
29 700 30 700 1.14	28			0.93
30 700 1.14	29	700		0.85
	30	700		1.14
	31	700		0.93



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

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

7-Jun

MINIMUM REQUIRED CHLORINE IS 0.7 mg/L

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

/I? YES/NO No

:D <4 hours

Adkins

2021