

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



DATE	TIME	SOURCE	CHLORINE RESIDUAL
1	700	WELL	1.56
2	630		1.56
3	630		0.98
4	630		1.01
5	715		1.28
6	600		1.29
7	630		1.16
8	700		1.06
9	700		0.98
10	700		0.8
11	645		0.76
12	700		1.87
13	630		1.71
14	630		1.72
15	645		1.26
16	700		1.5
17	630		1.67
18	630		1.77
19	630		1.67
20	630		1.84
21	630		1.67
22	700		1.3
23	700		1.59
24	630		1.68
25	700		1.65
26	630		1.51
27	630		1.62
28	630		1.66
29	630		1.24
30	630		1.38
31			

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 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

Jake

DATE REPORT SUBMITTED

6-Dec

MINIMUM REQUIRED  
CHLORINE IS 0.7 mg/L



email this report by the  
7th day of every month to  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us)

/I?	YES/NO	No
:D		<4 hours