

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**



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

DATE	TIME	SOURCE	CHLORINE RESIDUAL
1	700	WELL	0.81
2	730		0.97
3	700		0.89
4	630		1.12
5	630		1.05
6	630		0.94
7	700		0.92
8	730		0.9
9	700		1.09
10	700		1.06
11	700		0.98
12	630		0.88
13	630		0.75
14	630		1.02
15	730		0.99
16	730		0.99
17	700		1.08
18	700		1.01
19	630		0.95
20	630		0.87
21	630		0.79
22	700		0.85
23	730		1.08
24	700		1.03
25	700		0.93
26	700		0.99
27	730		0.91
28	730		0.88
29	630		0.87
30	630		1.02
31	630		0.98

WAS THE CHLORINE RESIDUAL EVER LESS THAN THE REQUIRED MINIMUM RESIDUAL OF 0.7 mg/l?

YES/NO

No

IF YES WHAT WAS THE LONGEST TIME PERIOD UNTIL MINIMUM REQUIRED LEVEL WAS RESTORED

<4 hours

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

Andre Liloc

DATE REPORT SUBMITTED

6-May 2022