

State of Oregon Drinking Water Section
Monthly UV Disinfection Report for Ground Water Systems Requiring 4-log Viral Inactivation

System Name Salmon Run Golf Course

PWS ID# 41 95127

Month/Year 07/2021 Entry Point: A

Required Minimum Dose 186 mJ/cm²

Date	Time	Source(s) in use	Any UV Alarms? (Y/N)	Notes
1		Well, SRC-AA		
2		Well, SRC-AA		
3		Well, SRC-AA		
4		Well, SRC-AA		
5		Well, SRC-AA		
6		Well, SRC-AA		
7		Well, SRC-AA		
8		Well, SRC-AA		
9	08:51	Well, SRC-AA	N	
10		Well, SRC-AA		
11		Well, SRC-AA		
12		Well, SRC-AA		
13	12:55	Well, SRC-AA	N	
14		Well, SRC-AA		
15		Well, SRC-AA		
16		Well, SRC-AA		
17		Well, SRC-AA		
18		Well, SRC-AA		
19		Well, SRC-AA		
20		Well, SRC-AA		
21	11:16	Well, SRC-AA	N	
22		Well, SRC-AA		
23		Well, SRC-AA		
24		Well, SRC-AA		
25		Well, SRC-AA		
26		Well, SRC-AA		
27		Well, SRC-AA		
28		Well, SRC-AA		
29	11:52	Well, SRC-AA	N	
30		Well, SRC-AA		
31		Well, SRC-AA		

Was the minimum UV dose ever less than the required dose of 186 mJ/cm²? Or was the alarm ever triggered? Yes No
 If yes, was a boil notice issued, and DWS contacted? If not, please explain: _____

This form is for groundwater systems where no residual disinfection has been required to prevent regrowth of pathogens in the pipes.

Date & time UV reactor failed:
 ____ / ____ / ____ : ____ am/pm
 Date & time it was returned to service:
 ____ / ____ / ____ : ____ am/pm

Printed Name: Mark Haglund

Title: Operations Supervisor

Operator Certification #: T-6161 FE

Signature: 

Phone #: (541) 412-0424

OR

Date: 08 / 05 / 2021

Small Groundwater System