

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 98127
 Month/Year 9/2013 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	13:00	Well, SRC-AA	N	
8		Well, SRC-AA		
9		Well, SRC-AA		
10		Well, SRC-AA		
11		Well, SRC-AA		
12		Well, SRC-AA		
13		Well, SRC-AA		
14	12:59	Well, SRC-AA	N	
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	8:58	Well, SRC-AA	N	
22		Well, SRC-AA		
23		Well, SRC-AA		
24		Well, SRC-AA		
25	7:48	Well, SRC-AA	N	
26		Well, SRC-AA		
27		Well, SRC-AA		
28		Well, SRC-AA		
29		Well, SRC-AA		
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 Jacobs Operator Certification #: 6161 T2 FE
 Signature: *Mark Haglund* Phone #: (541) 661-1732 OR
 Date: 10/06/23 Small Groundwater System