

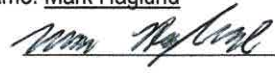
State of Oregon Drinking Water Section  
**Monthly UV Disinfection Report for Ground Water Systems Requiring 4-log Viral Inactivation**

System Name Salmon Run Golf Course PWS ID# 4 1 95127  
 Month/Year \_10/2023 Entry Point: A Required Minimum Dose 186 mJ/cm<sup>2</sup>

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	8:07	Well, SRC-AA	N	
5		Well, SRC-AA		
6		Well, SRC-AA		
7		Well, SRC-AA		
8		Well, SRC-AA		
9	08:11	Well, SRC-AA	N	
10		Well, SRC-AA		
11		Well, SRC-AA		
12		Well, SRC-AA		
13		Well, SRC-AA		
14		Well, SRC-AA		
15		Well, SRC-AA		
16		Well, SRC-AA		
17		Well, SRC-AA		
18	11:13	Well, SRC-AA	N	
19		Well, SRC-AA		
20		Well, SRC-AA		
21		Well, SRC-AA		
22		Well, SRC-AA		
23		Well, SRC-AA		
24		Well, SRC-AA		
25		Well, SRC-AA		
26	13:07	Well, SRC-AA	N	
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/cm<sup>2</sup>? Or was the alarm ever triggered?  Yes  No  
 If yes, was a boil notice issued, and DWS contacted? If not, please explain: \_\_\_\_\_

<b>This form is for groundwater systems where no residual disinfection has been required to prevent regrowth of pathogens in the pipes.</b>	Date & time UV reactor failed: ____/____/____ :____ am/pm
	Date & time it was returned to service: ____/____/____ :____ am/pm

Printed Name: <u>Mark Haglund</u> Signature:  Date: <u>11 / 01 / 2023</u>	Title: <u>Operations Supervisor</u> Phone #: <u>(541) 661-1732</u>	Operator Certification #: <u>6161 T2 FE</u> OR Small Groundwater System <input type="checkbox"/>
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