

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

System Name <u>Salmon Run Golf Course</u>	PWS ID# <u>4 1 95127</u>
Month/Year <u>_11/2023</u> Entry Point: <u>A</u>	Required Minimum Dose <u>186</u> mJ/cm ²

Date	Time	Source(s) in use	Any UV Alarms? (Y/N)	Notes
1		Well, SRC-AA		
2	09:45	Well, SRC-AA	N	
3		Well, SRC-AA		
4		Well, SRC-AA		
5		Well, SRC-AA		
6		Well, SRC-AA		
7		Well, SRC-AA		
8	07:40	Well, SRC-AA	N	
9		Well, SRC-AA		
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	10:56	Well, SRC-AA	N	
17		Well, SRC-AA		
18		Well, SRC-AA		
19		Well, SRC-AA		
20		Well, SRC-AA		
21	11:47	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		Well, SRC-AA		
30	08:46	Well, SRC-AA	N	
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: <u>Mark Haglund</u> Signature: Date: <u>12 / 06 / 2023</u>	Title: <u>Operations Supervisor</u> Phone #: <u>(541) 661-1732</u>	Operator Certification #: <u>T2 6161 FE</u> OR Small Groundwater System <input type="checkbox"/>
--	---	--