

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

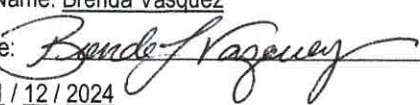
System Name <u>Salmon Run Golf Course</u>	PWS ID# 41 <u>95127</u>
Month/Year <u>12/2023</u> Entry Point: <u>A</u>	Required Minimum Dose <u>186</u> mJ/cm ²

Date	Time	Source(s) in use	Any UV Alarms? (Y/N)	Notes
1		Well, SRC-AA		
2		Well, SRC-AA		
3		Well, SRC-AA		
4	1042	Well, SRC-AA	N	
5		Well, SRC-AA		
6		Well, SRC-AA		
7		Well, SRC-AA		
8		Well, SRC-AA		
9		Well, SRC-AA		
10		Well, SRC-AA		
11		Well, SRC-AA		
12		Well, SRC-AA		
13	0932	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	0952	Well, SRC-AA	N	
21		Well, SRC-AA		
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	1042	Well, SRC-AA	N	
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: _____

<p style="text-align: center;">This form is for groundwater systems where no residual disinfection has been required to prevent regrowth of pathogens in the pipes.</p>	<p>Date & time UV reactor failed: ____ / ____ / ____ : ____ am/pm</p> <p>Date & time it was returned to service: ____ / ____ / ____ : ____ am/pm</p>
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Printed Name: <u>Brenda Vasquez</u> Signature:  Date: <u>01/12/2024</u>	Title: <u>Water Treatment Operator II</u> Phone #: <u>(541) 254-1909</u>	Operator Certification #: <u>T-070226</u> OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dlwp.dmce@odhsoha.oregon.gov; fax 971-673-0694;
 or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350