

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 05/2021 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	11:04	Well, SRC-AA	N	
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	10:00	Well, SRC-AA	N	
13		Well, SRC-AA		
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	10:45	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	9:35	Well, SRC-AA	N	
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

Operator Certification #: T-6161 FE

Signature: *Mark Haglund*

Phone #: (541) 412-0424

OR

Date: 06/02/2021

Small Groundwater System