

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 06/2021 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	11:33	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		Well, SRC-AA		
9	15:02	Well, SRC-AA	N	
10		Well, SRC-AA		
11		Well, SRC-AA		
12		Well, SRC-AA		
13		Well, SRC-AA		
14	09:24	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	14:15	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	13:25	Well, SRC-AA	N	
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: \_\_\_\_\_

**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: 07 / 02 / 2021

Small Groundwater System