

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **03 12**

Entry Point: **WTP-A**

Required Minimum Residual **mg/L 0.3**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			.46	
2			.46	
3			.45	
4			.44	
5			.43	
6			.44	
7			.44	
8			.45	
9			.45	
10			.44	
11			.44	
12			.43	
13			.43	
14			.42	
15			.42	
16			.43	
17			.43	
18			.44	
19			.45	
20			.45	
21			.44	
22			.44	
23			.43	
24			.43	
25			.42	
26			.42	
27			.42	
28			.41	
29			.41	
30			.40	
31			.40	

Was the chlorine residual ever less than the required minimum residual of **0.3** mg/L? Yes No

If yes, what was the longest time period until the required level was restored? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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<p>Printed Name: <u>Leo Jones</u></p> <p>Signature: <u>Leo Jones</u></p> <p>Date: <u>04 Feb 12</u></p>	<p>Title: <u>System operator</u></p> <p>Phone #: <u>(503) 969-4415</u></p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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