

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **8 121**

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			0.34	
2			0.34	
3			0.35	
4			0.35	
5			0.34	
6			0.34	
7			0.34	
8			0.33	
9			0.33	
10			0.33	
11			0.34	
12			0.34	
13			0.35	
14			0.35	
15			0.26	
16			0.36	
17			0.36	
18			0.38	
19			0.38	
20			0.38	
21			0.39	
22			0.39	
23			0.40	
24			0.40	
25			0.39	
26			0.40	
27			0.39	
28			0.39	
29			0.39	
30			0.38	
31			0.38	

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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: Leo Jones  
 Signature: [Signature]  
 Date: 9 12 121

Title: well operator  
 Phone #: (503) 969-4415

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System