

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **09/21**

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			0.40	
2			0.40	
3			0.39	
4			0.39	
5			0.38	
6			0.38	
7			0.38	
8			0.37	
9			0.38	
10			0.37	
11			0.37	
12			0.36	
13			0.36	
14			0.35	
15			0.36	
16			0.35	
17			0.35	
18			0.36	
19			0.36	
20			0.37	
21			0.36	
22			0.35	
23			0.39	
24			0.38	
25			0.37	
26			0.36	
27			0.36	
28			0.38	
29			0.39	
30			0.40	
31				

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 align="center">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>

<p>Printed Name:</p> <p>Signature: <u>Leo Jones</u></p> <p>Date: <u>09/21/21</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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