

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **OCT 17/**

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

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: **Leo Jones**

Signature: *Leo Jones*

Date: **11-17-17**

Title: **SYSTEM OPERATOR**

Phone #: **503 969-4415**

Operator Certification #:

OR

Small Groundwater System ☒