

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **Nov 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				
2			.42	
3			.43	
4			.43	
5			.42	
6			.42	
7			.42	
8			.43	
9			.43	
10			.44	
11			.44	
12			.44	
13			.43	
14			.43	
15			.43	
16			.42	
17			.42	
18			.42	
19			.41	
20			.41	
21			.40	
22			.40	
23			.39	
24			.39	
25			.40	
26			.40	
27			.39	
28			.38	
29			.42	
30			.41	
31			.39	

Was the chlorine residual ever less than the required minimum residual of 0.2 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: **12.11.21**

Title: **well operator**

Phone #: **503) 969-4415**

Operator Certification #:

OR

Small Groundwater System ☒