

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **01 12th**

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			.38	
2			.36	
3			.37	
4			.36	
5			.30	
6			.33	
7			.35	
8			.34	
9			.34	
10			.37	
11			.40	
12			.38	
13			.42	
14			.43	
15			.41	
16			.35	
17			.32	
18			.25	
19			.31	
20			.33	
21			.35	
22			.37	
23				
24			.34	
25			.31	
26			.32	
27			.34	
28			.31	
29			.33	
30			.31	
31			.30	

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? _____ 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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: _____ Signature: _____ Date: 02/01/2008	Title: _____ Phone #: (503) 858-2560	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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