

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **Feb 12008**

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			.30	
2			.31	
3			.34	
4			.40	
5			.47	
6			.40	
7			.33	
8			.31	
9			.29	
10			.35	
11			.38	
12			.34	
13			.32	
14			.34	
15			.31	
16			.30	
17			.34	
18			.32	
19			.31	
20			.30	
21			.33	
22			.31	
23			.34	
24			.30	
25			.31	
26			.30	
27			.25	
28			.32	
29				
30				
31				

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: **Sergio Gonzalez**

Title: **Resident**

Signature: 

Phone #: **(503) 258-250**

Date: **2/31/08**

Operator Certification #:

OR

Small Groundwater System ☐