

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **3 12022** 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			0.32	
2			0.30	
3			0.30	
4			0.30	
5			0.32	
6			0.33	
7			0.34	
8			0.36	
9			0.35	
10			0.38	
11			0.34	
12			0.34	
13			0.34	
14			0.35	
15			0.38	
16			0.38	
17			0.38	
18			0.35	
19			0.37	
20			0.37	
21			0.37	
22			0.36	
23			0.36	
24			0.36	
25			0.35	
26			0.36	
27			0.35	
28			0.34	
29			0.34	
30			0.35	
31			0.35	

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.

**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: **3 14 2022**

Title: **System Operator**

Phone #: **503 969 4415**

Operator Certification #:

OR

Small Groundwater System ☒