

Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **5 172** 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			.34	
3			.34	
4			.34	
5			.35	
6			.35	
7			.36	
8			.36	
9			.35	
10			.35	
11			.35	
12			.34	
13			.34	
14			.33	
15			.33	
16			.34	
17			.34	
18			.35	
19			.35	
20			.34	
21			.34	
22			.35	
23			.35	
24			.34	
25			.34	
26			.33	
27			.33	
28			.34	
29			.34	
30			.34	
31			.33	

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: **6 16 12**

Title: **well operator**

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

Operator Certification #:

OR

Small Groundwater System ☒