

# Monthly Disinfection Report

System Name **Laurel Acres Water**

AUG 08 2022

PWS ID# 41 00217

Month/Year **July / 22** Entry Point: **DEPT of Health & Human Services**

Required Minimum Residual mg/L **0.3**

Date	Time	Source(s) in use	Environmental Health Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2			0.36	
3			0.35	
4			0.35	
5			0.36	
6			0.36	
7			0.36	
8			0.37	
9			0.37	
10			0.37	
11			0.38	
12			0.38	
13			0.37	
14			0.36	
15			0.36	
16			0.35	
17			0.34	
18			0.33	
19			0.33	
20			0.34	
21			0.34	
22			0.33	
23			0.33	
24			0.33	
25			0.34	
26			0.34	
27			0.35	
28			0.35	
29			0.36	
30			0.36	
31			0.37	

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?  
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: **Lfo Jones**

Signature: **Lfo Jones**

Date: **8/5/22**

Title: **well operator**

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

Operator Certification #:

OR

Small Groundwater System ☒