

Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **Aug. 1 2022** 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				RECEIVED
2			0.37	
3			0.37	
4			0.38	SEP 06 2022
5			0.38	
6			0.38	Dept. of Health & Human Services
7			0.37	Environmental Health
8			0.38	
9			0.38	
10			0.39	
11			0.37	
12			0.37	
13			0.36	
14			0.37	
15			0.38	
16			0.39	
17			0.39	
18			0.40	
19			0.40	
20			0.39	
21			0.39	
22			0.38	
23			0.38	
24			0.38	
25			0.39	
26			0.39	
27			0.38	
28			0.38	
29			0.37	
30			0.37	
31			0.37	
			0.36	

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: **LEE JONES**

Signature: *[Signature]*

Date: **9 14 22**

Title: **Well Operator**

Phone #: **(803) 969-4415**

Operator Certification #:

OR

Small Groundwater System ☒