

# Monthly Disinfection Report for Ground Water Systems

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OCT 07 2022

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **9 122**

Entry Point: **WTP-A**

Dept. of Health & Human Services

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			0.26	
2			0.34	
3			0.34	
4			0.33	
5			0.33	
6			0.33	
7			0.32	
8			0.32	
9			0.32	
10			0.31	
11			0.31	
12			0.30	
13			0.31	
14			0.31	
15			0.31	
16			0.32	
17			0.34	
18			0.34	
19			0.35	
20			0.36	
21			0.36	
22			0.37	
23			0.38	
24			0.37	
25			0.37	
26			0.36	
27			0.36	
28			0.35	
29			0.35	
30			0.36	
31				

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: **LEO JONES**

Signature: **Leo Jones**

Date: **1010712022**

Title: **System Operator**

Phone #: **(502) 9694415**

Operator Certification #:

OR

Small Groundwater System ☒