

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

System Name **Laurel Acres Water**

PWS ID# **41 00217**

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

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: **12/1/2022**

Title: **System Operator**

Phone #: **503 869-4415**

Operator Certification #:

OR

Small Groundwater System ☒