

Monthly Disinfection Report for Ground Water Systems

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System Name **Laurel Acres Water**

PWS ID# **41 00217** FEB 02 2023

Month/Year **JAN 01-23**

Entry Point: **WTP-A**

Dept. of Health & Human Services
Required Minimum Residual **mg/L 0.3**
Environmental Health

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2			0.39	
3			0.40	
4			0.40	
5			0.41	
6			0.40	
7			0.40	
8			0.39	
9			0.39	
10			0.39	
11			0.39	
12			0.39	
13			0.38	
14			0.38	
15			0.37	
16			0.38	
17			0.38	
18			0.37	
19			0.37	
20			0.37	
21			0.36	
22			0.36	
23			0.35	
24			0.36	
25			0.35	
26			0.35	
27			0.34	
28			0.35	
29			0.34	
30			0.34	
31			0.33	

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: **02 10 2023**

Title: **System Operator**

Phone #: **503 1969-4415**

Operator Certification #:

OR

Small Groundwater System ☒