

# Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **MAY 2023** 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			.48	
2			.48	RECEIVED
3			.48	
4			.49	
5			.49	JUN 02 2023
6			.44	
7			.48	Dept. of Health & Human Services
8			.48	Environmental Health
9			.47	
10			.47	
11			.47	
12			.46	
13			.46	
14			.45	
15			.45	
16			.44	
17			.44	
18			.44	
19			.43	
20			.44	
21			.44	
22			.43	
23			.44	
24			.43	
25			.43	
26			.44	
27			.43	
28			.43	
29			.44	
30			.44	
31			.45	

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: **06/02/2023**

Title: **ASSISTANT OPERATOR**

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

Operator Certification #:

OR

Small Groundwater System ☒