

# Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **Dec. 12 2024** 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			0.41	
3			0.41	
4			0.40	
5			0.40	
6			0.39	
7			0.39	
8			0.38	
9			0.38	
10			0.37	
11			0.37	
12			0.37	
13			0.38	
14			0.38	
15			0.37	
16			0.37	
17			0.36	
18			0.36	
19			0.35	
20			0.35	
21			0.36	
22			0.36	
23			0.35	
24			0.35	
25			0.34	
26			0.34	
27			0.33	
28			0.32	
29			0.32	
30			0.31	
31			0.31	

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? \_\_\_\_\_ 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: **01 10212025**

Title: **ASSISTANT**  
**WATER OPERATOR**  
 Phone #: **(563) 964-4415**

Operator Certification #:

OR

Small Groundwater System ☒