

# Monthly Disinfection Report for Ground Water Systems

System Name **Laurel Acres Water**

PWS ID# **41 00217**

Month/Year **Feb - 1 2025** 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			.38	
3			.39	
4			.39	
5			.39	
6			.40	
7			.40	
8			.39	
9			.39	
10			.38	
11			.38	
12			.37	
13			.36	
14			.36	
15			.35	
16			.34	
17			.33	
18			.33	
19			.34	
20			.34	
21			.35	
22			.34	
23			.34	
24			.35	
25			.35	
26			.36	
27			.35	
28			.37	
29			.38	
30				
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: **03 10 2025**

Title: **ASSISTANT OPERATOR**

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

Operator Certification #:

OR

Small Groundwater System ☒