

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

System Name LAURELWOOD WATER USERS Co-op

PWS ID# 41 00315

Month/Year 01/21 Entry Point: _____

Required Minimum Residual .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30A	LAUNDRY ROOM	1.4	HAPPY NEW YEAR!
2	8:50A	Spring "	1.37	
3	9:20A	"	1.27	
4	9:00A	"	1.29	
5	8:10A	"	1.17	
6	7:30A	"	1.21	
7	8:20A	"	1.15	
8	1:40P	"	1.22	
9	9:05A	"	1.20	
10	8:14A	"	1.18	TESTED AT 1:00 PM 1.15 HAPPY BDAY TO ME!
11	9:05A	"	1.06	
12	8:45A	"	1.15	
13	8:26A	"	.78	
14	9:05A	"	.74	
15	8:00	"	1.05	
16	7:30A	"	1.03	
17	8:03A	"	1.03	LEAK - LOW WATER PRES
18	7:40A	"	.86	
19	9:54	"	.64	LEAK REPAIRED
20	8:15A	"	.59	
21	8:40A	"	.70	
22	8:01A	"	.75	
23	8:13A	"	.71	
24	8:30A	"	.84	
25	8:30A	"	.77	
26	8:56A	"	.87	
27	8:13A	"	.95	
28	8:19A	"	.92	
29	8:32A	"	1.02	
30	8:25A	"	1.04	
31	8:30	"	1.07	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (303) 703-7378 OR
 Date: 02/07/21 Small Groundwater System