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 2 121 Entry Point: _____ Required Minimum Residual .20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
		LAUNDRY ROOM		
1	9:05A	"	1.07	
2	6:00pm	"	.99	
3	8:00A		1.02	
4	9:06A	"	.99	
5	5:00	"	1.00	
6	8:30A	"	1.01	
7	8:40A	"	.98	
8	8:10A	"	.97	
9	7:05A	"	1.02	
10	7:45A	"	.97	
11	9:05A	"	1.03	
12	7:56A	"	.92	
13	9:05A	"	.94	
14	8:19A	"	.94	
15	7:20A	"	.92	
16	8:16A	"	.96	
17	5:30pm	5:30p "	.94	
18	7:38A	"	.95	RETESTED 1:06p .95
19	10:56A	Bathroom Sub	.79	
20	9:46A	"	.91	
21	3:38	"	.77	
22	9:27	"	.90	
23	10:51	"	.94	
24	10:02	"	.92	
25	12pm	"	.90	
26	12:20p	"	.94	
27	1:35a	"	.97	
28	11:53a	"	.95	
29	9:19	"	.10	
30				
31				

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.

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: JANE RUSSELL Title: _____

Signature: Jane Russell Phone #: (503) 703-7318

Date: 3/2/2021

Operator Certification #: _____

OR

Small Groundwater System ☐

December 19, 2012