


**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 3 121 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	7:15A	LAUNDRY ROOM	.95	
2	8:43A	"	.95	
3	7:13A	"	.90	
4	9:06A	"	1.00	
5	7:40A	"	.84	
6	7:46A	"	.92	
7	7:50A	"	.99	
8	8:49A	"	.97	
9	8:00A	"	.99	
10	8:13A	"	.88	
11	7:45A	"	.85	
12	7:05A	"	.83	
13	7:49A	"	.79	
14	8:35A	"	.74	
15	9:30A	"	.74	(SORRY)
16	7:49	"	.95	 HAPPY ST. PAT'S!
17	6:35A	"	1.06	
18	9:45A	"	.98	
19	12:21P	"	.79	
20	7:51A	"	1.00	
21	8:45A	"	1.00	
22	7:56A	"	.98	
23	7:30A	"	.98	
24	7:02A	"	1.04	
25	8:13A	"	1.04	
26	8:05A	"	1.04	
27	7:05A	"	1.03	
28	8:02A	"	1.02	
29	8:29A	"	.89	
30	9:22A	"	.92	
31	8:50A	"	.87	

Was the chlorine residual ever less than the required minimum residual of .2 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>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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>

Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 703-7370
 Date: 03/31/21

OR
Small Groundwater System