


**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 04/21 Entry Point: _____ Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:45A	"	.89	
2	8:27A	"	.92	
3	8:10A	"	.79	
4	8:50A	"	.77	HAPPY EASTER!
5	8:10A	"	.81	
6	8:40A	"	.82	
7	7:50A	"	.80	
8	9:51A	"	.86	
9	8:07	"	.71	
10	8:30A	"	.74	
11	8:30A	"	.82	
12	8:35A	"	.95	
13	7:14A	"	.82	
14	7:47A	"	.82	
15	8:40A	"	.84	
16	6:05A	"	.83	
17	7:46A	"	.88	
18	7:51A	"	.76	
19	7:30A	"	1.43	
20	7:06A	"	1.75	
21	8:05A	"	2.00	
22	3:28P	"	1.86	
23	7:24A	"	1.38	
24	7:50A	"	1.08	
25	7:20A	"	1.00	
26	6:57A	"	.65	
27	8:20A	"	.68	
28	8:15A	"	.64	
29	7:53	"	.53	
30	7:50	"	.50	
31	7:50	"	.48	

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>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) 703-7378
 Date: 05/03/21

OR
Small Groundwater System