

**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 06/21 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
1	7:30A	LAUNDRY ROOM	.50	
2	8:10A	"	.49	
3	7:40A	"	.79	
4	8:09A	"	.84	
5	8:30A	"	.98	
6	8:40A	"	.98	TANK LEAKING WATER
7	9:30A	"	.43	SOMEWHERE IN
8	7:40	"	.95	*REPAIRS LINE
9	7:34A	"	.90	MADE
10	8:06A	"	.96	
11	8:20A	"	.69	
12	8:35A	"	.69	
13	8:40A	"	.70	
14	9:26A	"	.70	
15	7:50A	"	.70	
16	9:59A	"	.74	
17	7:57A	"	.68	
18	8:18A	"	.65	
19	12:40P	Bathroom Tub	.60	
20	1:20P	"	.65	
21	7:42A	"	.49	
22	12:53P	"	.50	
23	11:40A	"	.63	
24	12:03P	"	.62	
25	7:44A	"	.68	
26	7:26A	"	.71	
27	8:17A	"	.53	
28	7:10A	"	.62	DEFERRED BAC TEST TO LAB
29	7:28A	"	.54	
30	8:35A	"	.56	
31	6:30A	"	.63	

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 OR
 Date: 7/1/21 Small Groundwater System