

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

System Name LAURELWOOD WATER USERS Coop PWS ID# 41 00315  
 Month/Year 8/21 Entry Point: SPRING Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:57A	Bathroom Two	.64	
2	7:20A	Laundry Sink	.99	
3	7:40A	"	1.07	
4	7:52A	"	.91	
5	8:11A	"	.84	
6	8:40A	"	1.07	
7	7:06A	"	1.22	
8	8:20A	"	1.34	
9	9:50A	"	1.60	
10	8:00A	"	1.52	
11	9:00A	"	1.63	
12	7:49A	"	1.36	
13	6:00A	"	1.29	
14	7:42A	"	1.18	
15	7:56A	"	1.07	
16	7:59A	"	1.16	
17	7:59A	"	1.10	
18	8:12A	"	1.06	
19	7:20A	"	0.70	
20	6:45A	"	.98	
21	11:20A	"	.97	
22	9:00A	"	1.02	
23	7:30A	"	.85	
24	8:05A	"	.83	
25	7:38A	"	.56	
26	8:13A	"	.50	
27	8:05A	"	.50	
28	11:20A	"	.43	
29	8:05A	"	.46	
30	8:31A	"	.48	
31	8:20A	"	.38	

Was the chlorine residual ever less than the required minimum residual of 0.20 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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>    </u> 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><b>GWS Serving More Than 3,300</b></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>
--	--	---

Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane E Russell Phone #: (503) 703-7378  
 Date: 08/31/21 Small Groundwater System