

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

System Name LAURELWOOD WATER USERS CO OP PWS ID# 41 00305  
 Month/Year 11/21 Entry Point: SO-SPRING Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:16A	LAUNDRY ROOM	.53	
2	8:08A	"	.55	
3	8:39A	"	.59	
4	8:25A	"	.57	
5	8:26A	"	.53	
6	7:06	"	.57	
7	7:40A	"	.60	
8	8:10A	"	1.27	
9	8:20A	"	1.32	
10	8:00A	"	1.53	
11	7:30A	"	1.53 (1.53)	
12	9:45A	"	1.73	
13	10:05A	"	1.46	
14	8:00A	"	1.53	
15	9:03A	"	1.17	
16	12:15P	"	.90	
17	8:30A	"	.81	
18	7:38A	"	.66	
19	9:30A	"	.65	
20	10:30A	"	.49	
21	8:30A	"	.53	
22	8:01A	"	.62	
23	10:16A	"	.57	
24	8:15A	"	.56	
25	7:28A	"	.67	SYSTEM LEAK - ISOLATED
26	10:42A	"	.61	REPAIRED
27	9:52A	"	.66	
28	10:44A	"	.86	
29	8:39A	"	.66	
30	7:24A	"	.57	
31				

Was the chlorine residual ever less than the required minimum residual of 1.2 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><b>GWS Serving 3,300 or Fewer</b></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><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 Russell Phone #: (503) 703-7378  
 Date: 12/01/2021

OR  
 Small Groundwater System