

**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 01/22 Entry Point: 50 Spring 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	7:56A	LAUNDRY ROOM	.45	
2	9:05A	"	.38	
3	9:10A	"	.42	
4	8:20A	"	.41	
5	12:50P	"	.44	
6	10:05A	"	.40	
7	8:20A	"	.40	
8	7:23A	"	.37	
9	8:44A	"	.32	
10	8:11A	"	.36	
11	9:40A	"	.25	
12	9:42A	"	.43	
13	8:40A	"	.33	
14	10:10A	"	.45	
15	9:45A	"	.33	
16	9:40A	"	.35	
17	8:26	"	.56	
18	8:06A	"	.60	
19	8:38A	"	.88	
20	7:49A	"	.99	
21	7:35A	"	1.31	
22	9:05A	"	1.28	
23	9:45A	"	1.34	
24	8:05A	"	1.38	
25	8:07A	"	1.58	
26	8:25A	"	1.62	
27	8:00	"	1.46	
28	8:20	"	.92	
29	9:10A	"	.62	
30	8:50A	"	.43	
31	9:30A	"	.40	

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>.2</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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>	

Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: (503) 703-7378 OR  
 Date: 01/31/22 Small Groundwater System