

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

System Name LAUREL WOOD WATER USERS COOP PWS ID# 41 00315
 Month/Year 02/22 Entry Point: So. 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	8:05A	LAUNDRY ROOM	.35	
2	11:01A	"	.38	
3	9:20A	"	.31	
4	7:40A	"	.32	
5	8:00A	"	.38	
6	8:53A	"	.37	
7	8:43A	"	.39	
8	8:20A	"	.39	
9	10:30A	"	.42	
10	9:20A	"	.36	
11	8:16A	"	.38	
12	8:20	"	.37	
13	7:45A	"	.30	
14	8:50A	"	.27	
15	8:51A	"	.48	
16	10:22A	"	.44	
17	9:15A	"	.38	
18	9:45A	"	.43	
19	7:20A	"	.32	
20	8:46A	"	.39	
21	6:48A	"	.39	
22	9:50A	"	.33	REQUESTED ✓ OF CHLORINE PUMP 2/2/22
23	9:00A	"	.21	TESTED AGAIN 10:30A 27
24	8:15A	"	.33	
25	8:15A	"	.33	
26	8:29A	"	.24	REQUESTED ✓ OF CHLORINE PUMP
27	8:10A	"	.31	
28	9:01A	"	.32	
29	8:00A	X	X	
30				
31				

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>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: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 703-7374 OR
 Date: 03/05/22 Small Groundwater System