

**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 03 122 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	8:02A	LAUNDRY ROOM	.21	✓ PUMP ADJUSTED
2				PUMP FAILURE - BOIL
3		SEE NOTES		BOIL WATER
4			BOIL WATER	
5			BOIL WATER	
6	7:35A	"	.32	" "
7	7:59A	"	.26	
8	7:33		.22	(.22) END OF LINE TEST
9	7:40A		.54	.54 5:30P AFTER PUMP REPAIR
10	7:40A	"	.54	
11	8:20A	"	.54	
12	8:50A	"	.44	
13	7:25A	"	.49	
14	9:00A	"	.45	
15	9:14A	"	.43	
16	8:05A	"	.46	
17	9:02A	"	.52	HAPPY ST. PATRY'S DAY
18	9:38A	"	.52	
19	9:06A	"	.45	
20	10:05A	"	.46	
21	8:32A	"	.47	
22	8:05A	"	.46	
23	9:27A	"	.46	
24	7:58A	"	.50	
25	9:05A	"	.55	
26	8:18A	"	.55	
27	6:40A	"	.47	
28	8:10A	"	.66	COLO FORM TEST Submitted
29	8:50A	"	.96	
30	7:45A	"	.90	
31	8:02A	"	.74	

WATER ALERT
 END OF LINE TEST
 3:47P
 PUMP REPAIR
 REPAIR

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 <u>.2</u> mg/L as required? <input checked="" 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>

Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 703 7379 OR
 Date: 03/31/22 Small Groundwater System

Laurelwood Water Users Cooperative

Outage log

March 3 through March 9



Date	Time	Cl Level	Comments
3/2	3:50pm	.11	Cl levels dropped sharply during the day and went below 0.2 mg/L. Injection pump was operating but cl was not being injected
	8pm	.14	Boiled water alert issued
	12 mid	.12	
3/3	4am	.12	
	8am	.08	
	12 noon	0	
	4pm	0	
	7pm	0	
	12 mid	0	
3/4	4am	0	
	8am	0	Boiled water alert continued
	1:30pm	0	Develop procedure and dose the tank manually
	6pm	.06	Same as above
	10pm	.40	Same as above
3/5	12 noon	.32	Same as above
	8pm	.28	Same as above
3/6	7:35am	.32	Same as above
	3:40pm	.63	Same as above
	9pm	.48	Same as above
3/7	1am	.51	Same as above
	3:40pm	.42	Same as above
	8pm	.26	Same as above
3/8	8am	.24	Same as above
	12noon	.52	
	2pm		Technician refurbished injection pump
	6pm	.54	
3/9	8am	.50	Boiled water alert rescinded