

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 5 122 Entry Point: _____ 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	7:05A	LAUNDRY ROOM	.49	
2	9:06A	"	.54	
3	8:14A	"	.56	
4	7:50	"	.49	
5	6:05A	"	.49	
6	8:07A	"	.50	
7	6:45A	"	.50	
8	8:06A	"	.40	
9	9:15A	"	.52	
10	7:42A	"	.61	
11	7:34A	"	.59	
12	7:52A	"	.61	
13	8:05A	"	.50	
14	7:15A	"	.53	
15	8:04A	bathroom tub	.48	
16	8:20A	"	.36	
17	7:45A	"	.30	
18	8:47A	"	.34	
19	8:30	"	.31	
20	8:37	"	.45	
21	5:53A	"	.30	
22	8:53A	"	.37	
23	7:43A	"	.41	
24	8:18	"	.52	
25	7:50A	"	.48	
26	8:24A	"	.55	COLOFORM TEST TURNED IN
27	6:27A	"	.58	
28	9:00A	"	.48	
29	7:09A	"	.51	
30	8:07A	"	.51	
31	8:35A	"	.51	

Was the chlorine residual ever less than the required minimum residual of _____ 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 align="center">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) 703-7370 OR
 Date: 06/01/122 Small Groundwater System