

**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 6/22 Entry Point: \_\_\_\_\_ Required Minimum Residual 2.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:30A	Laundry Room	.52	
2	7:20A	"	.52	
3	8:19A	"	.50	
4	7:23A	"	.44	
5	8:28A	"	.39	
6	7:15A	"	.42	
7	8:01A	"	.34	
8	7:35A	"	.50	
9	7:39A	"	.50	
10	8:05A	"	.43	
11	7:39A	"	.43	
12	8:12A	"	.42	
13	7:45A	"	.42	
14	7:30A	"	.43	
15	7:07A	"	.41	
16	7:50A	"	.42	
17	9:25A	Bathroom Tub	.30	
18	9:40A	"	.41	
19	9:29A	"	.26	
20	8:01A	"	.22	
21	10:15A	"	.28	
22	10:40A	"	.52	
23	9:24A	"	.48	
24	10:25A	"	.49	
25	9:34A	"	.67	
26	8:15A	"	.37	
27	10:03A	"	.47	
28	10:45A	"	.24	
29	12 pm	"	.31	
30	1:21 p	"	.27	
31				

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><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 align="center"><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: 7/1/22

OR  
Small Groundwater System