

**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 7/22 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	10:57A	Bathroom Tub	.37	
2	11:08A	"	.27	
3	12:09P	"	.31	
4	12:52P	"	.22	
5	1:48P	"	.15 / 2.0	Retested 5:50PM
6	10:51A	"	.47	Chlorine increased
7	12:45P	"	.32	
8	1:02P	"	.30	
9	11:06A	"	.24	
10	7:53A	"	.51	
11	8:15A	LAUNDRY ROOM	.59	
12	7:00A	"	.71	
13	8:08A	"	.64	
14	9:10A	"	.58	TEMPS OVER 90°
15	8:25A	"	.59	}
16	8:50A	"	.56	
17	9:05A	"	.57	
18	7:40A	"	0.59 .59	
19	8:09A	"	.57	
20	8:04A	"	.49	
21	7:16A	"	.48	
22	6:12A	"	.78	
23	9:09A	"	.54	
24	6:50A	"	.27	
25	7:22A	"	.52	
26	7:10A	"	0.59 .59	RAC. TEST TAKEN
27	9:03A	"	.53	
28	7:50A	"	.42	
29	8:05A	"	.43	
30	7:05A	"	.42	
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>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 E RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 7037378
 Date: 08/01/22

OR
Small Groundwater System