

**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 09/22

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
		<u>LAUNDRY ROOM</u>		<u>12:07 PM .41</u>
1	<u>7:52A</u>		<u>.42</u>	<u>MANUALLY DOSEING</u>
2	<u>7:44A</u>		<u>.74</u>	<u>PUMP ADJUSTED - REC</u>
3	<u>7:29A</u>		<u>.90</u>	
4	<u>12:45P</u>		<u>1.20</u>	<u>2 pm .55</u>
5	<u>8:46A</u>		<u>1.14</u>	<u>9-2</u>
6	<u>9:07A</u>		<u>.98</u>	<u>5 pm .50</u>
7	<u>8:20A</u>		<u>.88</u>	
8	<u>7:59A</u>		<u>1.01</u>	
9	<u>8:15a</u>		<u>1.03</u>	
10	<u>7:20A</u>		<u>.55</u>	
11	<u>6:43A</u>		<u>.73</u>	<u>NO POWER</u>
12	<u>8:47A</u>		<u>.54</u>	<u>WE HAVE POWER!</u>
13	<u>7:43A</u>		<u>.60</u>	
14	<u>7:34A</u>		<u>.86</u>	
15	<u>7:54A</u>		<u>.82</u>	
16	<u>4:25P</u>		<u>.66</u>	
17	<u>6:47A</u>		<u>.70</u>	
18	<u>7:54A</u>		<u>.98</u>	
19	<u>7:52A</u>		<u>.84</u>	
20	<u>8:15A</u>		<u>.81</u>	
21	<u>9:05A</u>		<u>.80</u>	
22	<u>7:20A</u>		<u>.77</u>	
23	<u>7:52A</u>		<u>.74</u>	
24	<u>7:50A</u>		<u>.78</u>	
25	<u>8:02a</u>		<u>.89</u>	
26	<u>8:16A</u>		<u>.73</u>	
27	<u>8:19A</u>		<u>.73</u>	<u>COLIFORM TEST Submitted</u>
28	<u>7:40a</u>		<u>.97</u>	
29	<u>7:15a</u>		<u>.79</u>	
30	<u>8:10a</u>		<u>1.00</u>	
31				

TANK RESENO
BOIL W.
ALERT

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) 7037378 OR
 Date: 10/04/22 Small Groundwater System