

**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 10/22 Entry Point: _____ Required Minimum Residual .20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:29 P	"	1.03	
2	9:21 A	"	1.10	
3	7:51 A	"	.86	
4	7:53 A	"	.88	
5	8:00 A	"	.81	
6	7:45 A	"	.99	
7	8:05 A	"	.98	
8	7:39 A	"	.99	
9	7:41 A	"	.90	
10	7:35 a	"	1.03	
11	7:10 A	"	1.01	
12	8:38 A	"	1.02	
13	7:17 A	"	.84	
14	7:43 a	"	1.06	
15	7:34 a	"	1.15	
16	8:11 A	"	1.22	
17	8:01 A	"	1.30	
18	8:39 A	"	1.14	
19	7:30 A	"	1.19	
20	8:35 A	"	1.42	
21	8:39 A	"	1.45	
22	7:43 A	"	1.34	
23	7:14 A	"	1.44	
24	8:43 A	"	1.50	
25	8:09 A	"	1.49	
26	7:15 a	"	1.52	
27	11:15 a	Bathroom tub	1.31	
28	8:54 a	"	1.28	
29	10:23 a	"	1.45	
30	10:23 a	"	1.05	
31	12:23 p	"	1.09	

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: JANA RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jana Russell Phone #: (503) 703 7378
 Date: 11/22/2022

OR
Small Groundwater System