

**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 11/22 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	8:50A	LAUNDRY ROOM	1.06	
2	9:02A		1.42	
3	8:45A		1.33	
4	9:50A		1.22	
5	8:07A		1.21	
6	10:00A		1.24	
7	9:13A		1.24	
8	8:16A		1.13	
9	7:50A		1.03	
10	8:06A		1.25	
11	9:24A		1.14	
12	8:43A		1.19	
13	9:00A		1.17	
14	7:47A		1.25	
15	7:59A		1.34	
16	6:50A		.99	
17	8:00A		1.29	
18	8:05A		1.14	
19	7:40A		1.18	
20	8:23A		1.16	TOOK IN COLOFORM TEST
21	7:45A		.97	
22	6:14A		.78	
23	6:29A		1.22	
24	7:05A		1.16	HAPPY THANKS GIVING
25	8:25A		1.11	
26	7:50A		1.07	
27	9:13A		1.16	
28	8:33A		1.16	
29	8:15A		1.02	
30	7:46A		1.02	
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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><i>Attach those results and submit them with this form.</i></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 checked="" 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><i>Attach grab sample results and submit them with this form.</i></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) 703-7279 OR
 Date: 01/01/22 Small Groundwater System