

**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 01/23 Entry Point: \_\_\_\_\_ Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:45A	LAUNDRY ROOM	.71	
2	8:20A		.99	
3	8:20A		1.09	
4	7:56A		1.02	
5	6:19A		1.08	
6	7:12A		1.02	
7	9:06A		1.03	
8	7:33A		1.27	
9	10:33	Bathroom Tub	.61	
10	2:41	"	1.17	
11	2:34p	"	.87	
12	8:04p	"	.98	
13	3:36p	"	1.20	
14	1:48	"	1.01	
15	3:35p	"	1.02	
16	2:19p	"	.96	
17	1:35	"	1.07	
18	7:22p	"	.88	
19	11:21a	"	.98	
20	10:12a	"	1.06	End of Line 1:15 pm 1/5 END OF LINE
21	8:05A	LAUNDRY ROOM	.96	
22	5:45A	"	1.00	
23	8:06A	"	.95	
24	9:46A		1.03	
25	8:56A		1.05	
26	8:18A		1.09	
27	8:21A		1.10	
28	8:58A		1.11	
29	8:24A		1.19	
30	7:15A		.97	
31	6:08A		.97	

Was the chlorine residual ever less than the required minimum residual of 0.2 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><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><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) 763-1378 OR  
 Date: 2/01/2023 Small Groundwater System

December 19, 2012

NOTE! NEW E-MAIL ADDRESS FOR REPORT  
 DWP: DMCEE@odhsoha.oregon.gov  
 CAPCA → LOWER