

**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 D3/23 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>		
1	7:57A	"	.69	
2	8:05A	"	.69	
3	7:44A	"	.64	
4	7:20A	"	.53	
5	7:10A	"	.61	
6	7:20A	"	.50	
7	7:44A	"	.60	
8	7:59A	"	.52 (52)	
9	7:40A	"	.53	
10	8:46A	"	.54	
11	11:00A	"	.56	
12	9:40A	"	.54	
13	1:33P	<u>Bathroom Tub</u>	.55	
14	3:10	"	.64	
15	11:46A	"	.63	
16	11:13A	"	.48	
17	10:13A	"	.51	
18	9:17A	"	.92	
19	9:07A	"	.84	
20	8:01	"	.81	
21	9:27	"	.86	
22	8:11AM	"	.92	
23	12:26Am	"	.78	
24	7:46A	"	.84	
25	7:44A	"	.84	
26	9:AM	"	.79	
27	6:37A	"	.83	<u>BAG TEST</u>
28	7:54A	"	.88	
29	7:58A	"	.89	
30	7:45A	"	.79	
31	7:02A	"	.80	

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><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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>

Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: (503) 703-7378  
 Date: 04/02/23

OR  
Small Groundwater System