

**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 04/23 Entry Point: _____ Required Minimum Residual 1.2 mg/L

| Date | Time | Source(s) in use <u>LAUNDRY ROOM</u> | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|----------|---|--|--------------------------|
| 1 | 6:35A | | .89 | |
| 2 | 7:05A | | .79 | |
| 3 | 7:22A | | .80 | |
| 4 | 8:21A | | .90 | |
| 5 | 9:15A | | 1.03 | |
| 6 | 10:05A | | .88 | |
| 7 | 8:46A | | .87 | |
| 8 | 8:15A | | .91 | |
| 9 | 7:49A | | 1.73 | |
| 10 | 8:22A | | .96 | |
| 11 | 7:36A | | 1.20 | |
| 12 | 8:08A | | 1.12 | |
| 13 | 7:37A | | 1.41 | |
| 14 | 7:27A | | 1.29 | |
| 15 | 7:30A | | 1.11 | |
| 16 | 8:32A | | 1.30 | |
| 17 | 7:55A | | 1.09 | |
| 18 | 12:26 PM | | .93 | |
| 19 | 7:50A | | .93 | |
| 20 | 6:15A | | .51 | |
| 21 | 7:05A | | .43 | |
| 22 | 4:14P | | .43 | |
| 23 | 5:16P | | .51 | |
| 24 | 7:59A | | .43 | |
| 25 | 7:45A | | .45 | ↗ DOSING PUMP fail - |
| 26 | 8:04A | | .54 | BACT. TEST IN MAN Dosing |
| 27 | 7:30A | | .40 | NEW PUMP |
| 28 | 8:16A | | .50 | *S3P 2:13p ORDERED |
| 29 | 7:35A | | .58 | MANUAL DOSE's |
| 30 | 7:59A | | .72 | " " |
| 31 | | | | |

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

Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 703 7370
 Date: 04/10/23 Small Groundwater System