

**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 05/23 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
1	6:59		.45	FAILER OF CHOR. PUMP HAND DOSING
2			.45	
3	7:40A		.47	
4	7:41A		.50	STILL DOSING TANK
5	7:12A	8:15A	.50 .60	MANUALLY
6	8:27A		.54	"
7	8:30A		.56	"
8	6:54A		.68	"
9	7:35A		.48	" NEW PUMP
10	8:00A		.49	" INSTALL
11	8:45A		.30, .28, .10	NEW PUMP ADJUSTED
12	7:53A		.65 - .48 @ 5:42P	10:05A BOIL WATER ALERT SENT
13	6:05A		.56	RETESTED AT 1:00PM .57
14	7:10A		.65	
15	7:06A		.55	NEW CLORINE PUMP ON LINE
16	6:27A		.76	
17	10:14A		.70	
18	5:04P		.83	HAD JAY V CHLORINE Pump
19	6:20A		.39	
20	6:51A		.60	
21	4:50P		.62	
22	6:42A		.90	
23	7:31A		.82	
24	6:52A		.93	BAC. TEST - OK
25	4:54P		.95	
26	9:30AM		.94	
27	7:14A		.54	
28	7:00A		.48	
29	7:21A		.64	
30	7:15A		.70	
31				

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><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) 7037379 OR  
 Date: 05/10/23 Small Groundwater System