

**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 07/23 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	6:36 A	N. SPRING LAUNDRY ROOM	.85	
2	7:21 A	"	.77	
3	6:20 A	"	.81	
4	6:56 A	"	.92	
5	7:40 A	"	1.05	
6	8:04 A	"	.96	
7	7:41 A	"	.81	
8	7:21 A	"	.81	
9	8:06 A	"	.81	
10	7:29 A	"	.81	
11	7:47 A	"	.73	
12	7:36 A	"	.83	
13	11:08 A	Bathroom Tub	.61	
14	10:43 A	"	.32	
15	10:34 A	"	.53	
16	8:25 A	"	.29	
17	7:21 PM	LAUNDRY ROOM	.57	
18	8:30 AM	"	.84	
19	6:37 A	"	.84	
20	7:08 A	"	.65	
21	7:00 A	"	.95	
22	7:42 A	"	.95	
23	7:32 A	"	.90	
24	7:49 A	"	1.03	
25	7:34 A	"	.89	BAC TEST Complete
26	6:50 A	"	1.04	
27	8:11 A	"	.90	
28	3:51 P	"	.90	
29	6:20 A	"	.94	
30	6:14 A	"	.90	
31	8:06 A	"	.89	

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

Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: (503) 703-7379  
 Date: 07/31/23

OR  
Small Groundwater System