

**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 08 123 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	6:56A	a	.90	
2	8:37A	"	.69	
3	11:41A	"	.63	
4	8:06A	"	.87	
5	7:44A	"	.94	
6	8:22A	"	.88	
7	7:05A	b	.61	
8	7:30A	b	.61	
9	7:25A	"	.58	
10	7:45A	"	.58	
11	8:10A	"	1.00	
12	7:14A	"	.79	
13	8:59A	"	.68	
14	8:33A	"	.59	
15	8:05A	"	.59	
16	8:20A	"	.64	
17	7:04A	b	.72	
18	8:43A	"	.90	
19	9:35A	"	.87	
20	6:05A	"	.87	
21	8:02A	"	1.07	
22	6:20A	"	.89	
23	7:29A	"	.77	
24	8:05A	"	.82	
25	9:50A	"	.96	
26	10:00A	"	1.02	
27	10:00A	"	1.18	
28	10:32A	"	.77	BAC TEST
29			.75	
30			.80	
31	7:35		.90	

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 align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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 #: () _____ OR
 Date: 08/31/23 Small Groundwater System