

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name LAURELWOOD WATER USER'S Co-op PWS ID# 41 00315

Month/Year 9/23 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	10:21A	"	1.02	
2	7:21A	"	1.12	
3	8:15A	"	.89	
4	7:00A	"	.99	
5	8:37A	"	.98	
6	8:20p	<u>Bathroom Tub</u>	1.83	
7	12:58p	"	.89	
8	3:28p	"	.82	
9	10:12A	"	.80	
10	9:45A	"	.96	
11	1:05p	"	1.08	
12	1:25p	"	.62	
13	11:37A	"	1.07	
14	4:35p	"	.91	
15	1:02p	"	.79	
16	10:02A	"	.93	
17	5:00p	"	.90	
18	7:51A	"	.85	
19	12:40pm	"	.96	
20	9:10A	"	.97	
21	7:47	"	1.14	
22	8:20A	"	1.05	
23	9:45A	"	1.01	
24	7:45A	"	1.12	
25	8:04A	"	1.15	
26	8:12A	"	.90	
27	7:43A	"	.82	
28	8:34A	"	.85	
29	1:37A	"	.92	
30	8:42A	"	.84	
31				

BACT. TEST SUBMITTED OK

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>
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Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: (503) 703-7878  
 Date: 09/30/23 OR  
 Small Groundwater System