

**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 11/23 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	10:10 A	<u>NORTH SPRING</u>	1.22	
2	7:55 A	"	.97	
3	8:07 A	"	.99	
4	8:30 A	"	.93	
5	8:45 A	"	.82	
6	12:39 Pm	"	.87	
7	7:12 AM	"	.79	RETESTED .51
8	7:05 A	"	.69	
9	11:20 a	Bathroom Tub	.71	
10	11:42 a	"	.56	
11	11:38 a	"	.70	
12	7:50 A	LAUNDRY Room	.87	
13	8:01 A	"	1.05	
14	7:57 A		1.02	
15	8:05 A		.96	
16	8:36 A		.88	
17	7:45 A		.87	
18	7:50 A		.87	
19	8:41 A		.98	
20	8:03 A		.84	
21	7:05 A		.80	
22	8:26 A		.77	
23	7:28 A		.89	HAPPY THANKSGIVING
24	7:57 A		1.06	
25	8:41 A		.87	
26	8:50 A		.91	
27	7:46 A		.86	BACTERIA TEST SUBMIT
28	12:27 P	Bathroom Tub	.90	
29	11:25 a	"	.87	
30	10:24 a	"	.76	
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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: _____ Phone #: (____) _____
 Date: 11/01/23

OR
Small Groundwater System