

**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 12/23 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 | 12:48P | Bathroom Tub | .91 | |
| 2 | 1:18P | " | .83 | |
| 3 | 12:52P | " | .79 | |
| 4 | 12:15P | " | .44 | Did not let water run long |
| 5 | 2:04P | " | .75 | |
| 6 | 8:45A | " | .82 | |
| 7 | 8:45A | " | .78 | |
| 8 | 8:36A | " | .72 | |
| 9 | 8:30A | " | .92 | |
| 10 | 8:43A | " | .86 | |
| 11 | 9:23A | " | .67 | |
| 12 | 8:17A | " | .80 | |
| 13 | 7:56A | " | 1.03 | |
| 14 | 7:05A | " | 1.04 | |
| 15 | 8:06A | " | 1.04 | |
| 16 | 7:22A | " | .96 | |
| 17 | 8:00A | " | .87 | |
| 18 | 7:45A | " | .87 | |
| 19 | 7:49A | " | 1.02 | |
| 20 | 7:49A | " | 1.05 | |
| 21 | 8:15A | " | .95 | |
| 22 | 9:33A | " | 1.07 | |
| 23 | 7:58A | " | 1.00 | |
| 24 | 7:48A | " | 1.03 | MERRY CHRISTMAS! |
| 25 | 7:15A | " | .98 | |
| 26 | 6:05A | " | .99 | |
| 27 | 9:11A | " | 1.05 | |
| 28 | 7:15A | " | 1.06 | |
| 29 | 7:45A | " | 1.10 | |
| 30 | 7:50A | " | .92 | |
| 31 | 7:57A | " | .93 | HAPPY NEW YEAR! |

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

Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane Russell Phone #: (503) 403 7378 OR
 Date: 12/31/23 Small Groundwater System