

**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 01 2012 Entry Point: \_\_\_\_\_ Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:02A	LAUNDRY Room	1.04	HAPPY NEW YEAR
2	7:58A	"	.99	
3	7:14A	"	.98	
4	8:06A	"	.98	
5	9:21A	"	.99	
6	8:05A	"	.89	
7	6:05A	"	1.28	
8	8:06A	"	.89	
9	8:01A	"	.88	
10	6:30A	"	.90	
11	7:46A	"	.91	
12	7:06A	"	.86	
13	7:35A	"	.78	
14	7:15A	"	1.7	
15	7:24A	"	1.7	
16	7:04A	"	1.6	
17	7:26A	"	1.7	
18	7:25A	"	1.3	
19	8:12A	"	2.0	
20	8:06A	"	2.1	
21	8:15A	"	2.0	
22	9:04A	"	1.8	
23	8:35A	"	1.7	
24	8:24A	"	1.4	
25	7:04A	"	1.3	
26	8:17A	"	1.2	
27	8:26A	"	1.00	
28	7:41A	"	1.02	
29	7:28A	"	1.0	
30	7:51A	"	1.4	
31	8:02A	"	1.8	

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 align="center"><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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>	

Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: 503 703-7378  
 Date: 1/1

OR  
 Small Groundwater System