

**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 3 124 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	8:28A	Laundry Room	.40	
2	5:35P		.32 RETESTED	8:28AM .32 WILL RETEST
3	7:14A		.36	REPORTED TO TEAM
4	7:36A		.53	
5	7:45A		.51	
6	8:15A		.50	
7	7:42A		.50	
8	8:07A		.51	
9	7:41A		.50	
10	8:17A		.50	
11	8:49A		.51	
12	8:47A		.48	
13	8:05A		.56	
14	7:30A		.52	
15	8:07A		.52	
16	7:05A		.53	
17	8:20A		.53	
18	7:02A		.61	
19	7:31A		.57	
20	7:27A		.54	
21	7:46A		.46	
22	8:01A		.67	BAC TEST DELIVERED
23	8:11A		.68	
24	7:06A		.56	
25	7:36A		.48	
26	7:50A		.59	
27	8:20A		.78	
28	6:54A		.58	
29	7:22A		.91	
30	6:52A		.72	
31	8:00A		.92	

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>
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Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane E Russell Phone #: (____) _____ OR
 Date: 4 10 124 Small Groundwater System