

**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 5 124 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	6:53 A		.95	
2	7:21 A		.70	
3	7:33 A		.69	
4	7:52 A		.53	
5	7:37 A		.55	
6	6:52 A		.74	
7	6:43 A		.55	
8	6:35 A		.63	
9	6:00 A		.65	
10	6:05 A		.64	
11	7:35 A		.68	HAPPY MOMS DAY!
12	7:05 A		.67	
13	6:30 A		.64	
14	7:00 A		.93	
15	6:46 A		.85	
16	7:00 A		.97	
17	7:05 A		.96	
18	6:17		.97	
19	6:05 A		1.08	
20	7:06 P		1.01	
21	6:19 A		1.08	
22	6:40 A		1.16	BACTEST DELIVERED
23	6:53 A		1.17	
24	3:25 P		1.27	
25	7:09 A		1.14	
26	6:46 A		1.14	
27	6:25 A		1.42	HAPPY MEMORIAL DAY
28	6:45 A		1.40	
29	6:35 A		1.33	
30	6:10 A		1.37	
31	7:28 A		1.42	

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 Russell Phone #: (503) 703-7370 OR
 Date: 05/31/24 Small Groundwater System