

**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 6/24 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	6:37A		1.50	
2	6:46A		1.41	
3	7:44A		1.46	
4	7:03A		1.44	
5	6:57A		1.51	
6	6:49A		1.40	
7	7:41A		.97	
8	8:08A		.73	
9	12:15P		.80	
10	4:02P		.83	
11	4:34P		.77	
12	6:53A		.77	
13	6:26A		1.74	
14	7:48A		.78	
15	6:59A		.75	
16	11:09A		.75	HAPPY FATHERS DAY!
17	6:59A		.77	
18	7:52A		.78	
19	8:12A		.72	
20	7:09A		.75	
21	7:36A		.76	
22	9:05A		.84	
23	7:49A		.85	
24	6:51A		.77	BAC. TEST DONE
25	6:18A		.85	
26	6:37A		.81	
27	7:29A		.51	
28	6:21A		.46	RETESTED .50
29	7:41A		.48	
30	7:31A		.45	
31				

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: ____/____/____</p> <p>Date it was returned to service: ____/____/____</p>
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Printed Name: JANE RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 7037278  
 Date: 06/30/24 OR  
 Small Groundwater System