

**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 07/24 Entry Point: \_\_\_\_\_ Required Minimum Residual .2 mg/L

Date	Time	NORTH SPRING Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:46A		.32	
2	10:00A		.33	WILL TANKS
3	8:59A		.25	WILL RECHECK / ADDED CH
4	7:10am		.41	
5	6:52A		.62	
6	7:04A		.74	
7	6:05A		.88	
8	7:44A		.88	
9	6:09A		.91	
10	6:52A		.87	
11	6:57A		.90	
12	6:29A		.76	TURNED IN BACTEST LEAD / COPPER
13	8:55A		.87	
14	6:35A		.78	
15	6:45A		.68	
16	7:06A		.66	
17	6:46A		.70	
18	7:14A		.74	
19	7:10A		.80	
20	7:17A		.85	
21	9:59A		.87	
22	7:02A		.74	
23	7:20A		.72	
24	6:51A		.71	
25	6:02A		.72	
26	7:10A		.70	
27	6:46A		.70	
28	7:06A		.64	
29	9:13A		.45	RECHECK .57
30	7:50A		.59	
31	10:34A		.53	

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><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 checked="" 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 7378 OR  
 Date: 7/23/24 Small Groundwater System