

**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 8 124 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	6:56A		.42	
2	7:40A		.47	
3	7:17A		.41	
4	7:30A		.52	
5	8:41A		.46	
6	7:15A		.36	
7	7:18A		.51	
8	7:26A		.64	
9	6:56A		.66	
10	9:45A		.64	
11	7:15A		.66	
12	7:05A		.68	
13	7:07A		.67	
14	6:41A		.76	
15	5:15A		.72	
16	6:54A		.52	
17	8:16A		.79	
18	8:16A		1.09	
19	1:25P	Bathroom Tub	1.02	
20	12:33	"	.93	
21	6:45A		1.03	
22	7:16A		.86	
23	7:26A		.67	
24	7:41A		.61	
25	6:45A		.60	
26	7:18A		.50	
27	7:16A		.49	
28	8:02A		.46	BACTERIA TEST Submitted
29	7:57A		.44	
30	8:25A		.24	WILL RETEST CHLORINE
31	7:09A		.96	ADD

Was the chlorine residual ever less than the required minimum residual of .2 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 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: JANEE E. RUSSELL Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Jane Russell Phone #: ( ) \_\_\_\_\_ OR  
 Date: 08/31/24 Small Groundwater System