

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name LAURELWOOD WATER USERS Co-op PWS ID# 41 00315

Month/Year 9 15 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	7:28A		.75	
2	9:17A		.95	
3	7:23A		1.00	
4	7:49A		.95	
5	7:41A		.84	
6	11:31A		.81	
7	7:42A		.73	
8	6:48A		.73	
9	9:17A		.43	
10	8:40A		.72	
11	6:10P		.41	
12	7:45A		.52	
13	7:10A		.55	
14	8:10A		.54	
15	10:20A		.70	
16	9:05		.63	
17	9:00		.66	
18	9:00A		1.37	
19	3:12P		.33	
20	10:00		.34	
21	8:30A		.64	
22	9:00A		.63	
23	8:05A		.42	
24	9:00P		1.30	
25	10:00A		.60	
26	10:00A		.27	
27	9:00A		.29	
28	8:00A		.58	
29	9:30AM		.63	
30	9:30AM		.64	
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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 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 #: (503) 703 7378  
 Date: 9 13 12 OR  
 Small Groundwater System