

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

System Name Lauralwood Water Users PWS ID# 41 00315
 Month/Year 10/24 Entry Point: C0-00 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	9:05		.86	
2	9:15		.44	
3	9:05		1.47	cloudy water
4	9:19		1.36	
5	12:00		1.10	
6	10:00		1.23	
7	8:00		.85	Water clear today
8	7:32a		.54	
9	7:00		.49	
10	7:20a		.27	
11	7:36a		.32	
12	8:55a		.33	
13	7:42a		.27	
14	7:02A		.28	
15	9:13A		.05	
16	9:06A		.82	
17	8:15A		1.97	
18	7:25A		2.19	RED CHLORINE DISP. ✓
19	7:49A		1.92	
20	8:27P		1.70	
21	8:00A		1.78	12:10 pm 1.67
22	8:28A		1.54	
23	9:15A		1.46	
24	8:10A		1.33	
25	7:43A		1.34	
26	7:55A		1.36	
27	9:06A		1.35	
28	9:53A		1.30	NEW FLORA METER 2.50
29	8:08A		2.22 NEW 1.16 OLD	RESID
30	8:10a		1.91	1.17 resid
31				

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>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) 7037378 OR
 Date: 11/3/24 Small Groundwater System

Scanned to State
11/3/24