

**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 11 124 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	9:08 A		1.03	RESID .86
2	8:41 A		1.56	RESID .86
3	12:31 P		1.49	RESID. .85
4	8:21 A		1.46	" .81
5	6:38 A		1.61	" .81
6	7:42 A		1.51	" .81
7	7:46 A		1.82	" .83
8	6:50 A		1.76	" .80
9	7:28 A		1.75	" .98
10	7:42 A		1.24	" —
11	8:02 A		1.65	" —
12	8:40 A		1.38	" .81
13	8:06 A		1.61	" .91
14	7:54 A		1.79	" .85
15	7:40 A		1.62	" .87
16	8:02 A		1.60	" .87
17	7:37 A		1.20	" .76
18	7:05 A		1.15	" .65
19	7:06 A		1.14	" .69
20	7:06 A		1.29	" .66
21	7:34 A		1.62	" .88
22	7:18 A		1.60	" .88
23	7:20 A		1.60	" .88
24	7:36 A		1.13	" .79
25	7:53 A		1.23	" .70
26	7:10 A		2.7	" .63
27	7:14 A		2.7	" .62
28	6:07 A		2.0	" .60
29	8:05 A		2.8	" .64
30	9:06 A		2.9	" .65
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 — >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) 703-7378 OR
 Date: 11/31/24 Small Groundwater System