


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 12/24 Entry Point _____ Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:11 A		2.3	RESID .45
2	7:15 A		2.1	.50
3	6:55 A		2.0	.50
4	7:14 A		1.9	.41
5	8:15 A		1.5	.34
6	7:46 A		1.0	.25
7	12:16 P		.6	.14
8	9:56 A		.28	.09
9	8:25 A		.28	.12
10	8:02 A		.02	.35
11	8:39 A		.80	.46
12	7:06 A		.83	
13	6:56 A		.86	
14	8:24 A		.87	
15	8:02 P		.83	
16	7:52 P		.76	Resid .77
17	7:06 A		.80	
18	7:45 A		.96	
19	7:09 A		1.44	
20	7:13 A		1.2	
21	8:00 A		.98	
22	8:06 A		1.05	
23	8:37 A		1.26	
24	8:04 A		1.28	1.2 Residual
25	7:06 A		1.26	
26	7:46 A		1.75	
27	7:31 A		1.97	
28	7:46 A		1.62	
29	8:17 A		1.35	
30	8:13 A		1.46	
31	9:21 A		2.30	

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>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 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>
--	---	---

Printed Name: JANE E. RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane E Russell Phone #: (503) 703 7376 OR
 Date: 12/31/2024 Small Groundwater System