State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: LAUREL WOOD WATER USERS COOP PWS ID#: 41 00315

Month/Year: 01/25 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	8:21A		2.05	
2	7:34A		1.22	
3	6:45A		1.80	
4	5:44P		.85	
5	5:59P		.97	
6	6:58A		.73	
7	6:42A		1.37	
8	6:36A		1.37	
9	6:24A		1.39	
10	6:45A		1.79	
11	10:Am		1.95	
12	730 AM		1.99	
13	7:30AM		1.70	
14	7:30AM		1.93	
15	7:00 AM		1.58	
16	7.00AM		1.66	
17	6:30 AM		1.59	
18	7:00 AM		2.03	
19	5:40A		1.40	
20	6:44A		1.22	
21	8:18A		1.32	
22	7:02		1.07	
23	6:55A		1.02	
24	6:58A		1.34	
25	6:46A		1.40	
26	7:37A		1.60	
27	7:37A		2.16	Unfiltered H2O Master
28	1:35P	Bath tub	1.98	
29	1:45P	"	1.75	
30	9:30P	"	1.47	
31	3:50P		1.12	

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: JANE RUSSELL Title: _____

Signature: Jane Russell Phone#: (___) _____

Date: 01/31/25

Operator Certification #: _____

OR

Small Groundwater System ☐

December 19, 2012