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 SEPT 125 Entry Point: NORTH SPRING Required Minimum Residual 1.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:30A		1.4	
2	9:22A		1.8	
3	11:14A		1.9	
4	7:35A		1.5	
5	8:02A		2.0	
6	8:06A		1.8	
7	7:16A		1.3	
8	7:44A		1.3	
9	10:45A		.8	
10	7:59A		.6	
11	7:16A		1.3	
12	7:23A		1.5	
13	8:06A		1.4	
14	9:04A		1.4	
15	7:29A		1.0	
16	8:35A		1.2	
17	8:15A		1.3	
18	8:16A		.8	
19	7:50A		.7	
20	11:55A		1.1	
21	9:31A		.5	
22	4:34P	Bathtub	.6	Have used little H2O today
23	8:57P	"	.8	
24	8:30P	"	.6	
25	8:52P	"	.6	
26	1:44P		.30	
27	8:23A		.31	
28	8:39A		.31	
29	7:45A		.30	
30	8:05A		.31	
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 – 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 #: (503) 7037378

Date: 9/30/25

Operator Certification #:

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019