

**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 **Oct 12025** 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	8:20A	NORTH SPRINGS	.30	
2	8:23A		.31	
3	8:10A		.27	
4	8:20A		.24	
5	7:46A		.24	
6	8:06A		.25	
7	7:37A		.44	
8	7:06A		.40	
9	7:55A		.30	
10	7:26A		.29	
11	10:20A		.29	
12	6:05A		.26	
13	11:51		.23	
14	9:06A		.34	
15	8:33A		.36	
16	8:18A		.25	
17	11:09 a	Bathroom Tub	.19	Mark notified
18	4:55P	"	.19	" again
19	4:59P		.24	
20	9:56A		.22	
21	7:16A		.26	
22	4:23P		.31	
23	7:50A		.31	BACTEST SUBMITTED
24	8:05A		.48	
25	7:05A		.49	
26	11:21A		.54	
27	7:23A		.65	
28	8:28A		.62	
29	8:45A		.57	
30	7:51A		.53	
31	7:46A		.48	

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?  
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hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

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GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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:

Operator Certification #:

Signature: **Jane E. Russell**

Phone #: ( )

OR

Date: **Nov 04 1 2025**

Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto: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