

**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 / 2025 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 SPRING	.30	
2	8:23A		.31	
3	8:10A		.27	
4	8:28A		.24	
5	7:46A		.24	
6	8:06A		.25	
7	7:37A		.44	
8	7:06A		.70	
9	7:55A		.30	
10	7:06A		.29	
11	10:20A		.29	
12	6:05A		.26	
13	11:51		.23	
14	8:06A		.34	
15	8:33A		.36	
16	8:18A		.25	
17	11:09a	Bathroom Tub	.19	Matt notified
18	4:55p	"	.19	" " again
19	4:59p		.24	
20	9:56A		.22	
21	7:18A		.26	
22	4:03p		.31	
23	7:50A		.31	BACKTEST 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	7:57A		.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? 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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: / /
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Printed Name: JANE RUSSELL Title: _____ Operator Certification #: _____
 Signature: Jane E. Russell Phone #: () _____ OR
 Date: Nov 04 2025 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.