

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Laurelwood Water Users Co-Op

PWS ID# 41 00315.4

Month/Year Jan 1 2026 Entry Point: North Spring

Required Minimum Residual 1.5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:57pm	Bathroom Tub	1.6	
2	8:58p	"	1.9	
3	7:53p	"	1.6	
4	4:10pm	"	1.9	
5	5:20pm	"	2.1	
6	2:30p	"	1.5	
7	9:06p	"	1.8	
8	2:36p	"	1.7	
9	2:22p	"	1.7	
10	2:41p	"	1.7	
11	2:03pm	"	1.0	
12	6:22pm	"	1.0	
13	5:08pm	"	1.9	
14	4:47pm	"	1.0	
15	4:56pm	"	1.2	
16	5:57pm	"	2.1	
17	7:53pm	"	1.1	
18	6:14pm	"	1.1	
19	5:24pm	"	1.4	
20	5:12pm	"	1.3	
21	5:35pm	"	1.2	
22	5:12pm	"	1.8	
23	5:35pm	"	1.8	
24	9:14pm	"	2.9	
25	7:49pm	"	1.0	
26	5:08pm	"	0.4	
27	5:05pm	"	0.5	
28	5:03pm	"	0.5	
29	6:04pm	"	1.7	
30	5:41pm	"	1.9	
31	6:26pm	"	3.4	

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 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>
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Printed Name: <u>JAWAN BELTZ</u> Signature: <u>[Signature]</u> Date: <u>2/1/2024</u>	Title: _____ Phone #: <u>(503) 608 0735</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.