

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

System Name LAURELWOOD WATER USERS Co-Op PWS ID# 41 00315
 Month/Year MARCH/2026 Entry Point: NORTH SPRING Required Minimum Residual 4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:19pm	BATH TUB	1.4	
2	5:30pm	"	1.8	
3	5:28pm	"	2.4	
4	5:32pm	"	1.0	
5	6:36pm	"	0.4	
6	6:32pm	"	0.0	WATER MASTER NOTIFIED TANK DOSED
7	10:51am	"	1.0	
8	1:01pm	"	1.3	
9	4:31pm	"	1.4	
10	6:17pm	"	0.5	
11	4:23pm	"	2.2	
12	4:18pm	"	3.2	
13	5:33pm	"	4.0	
14	7:19pm	"	4.1	
15	6:08pm	"	3.1	
16	5:13pm	"	3.3	
17	4:48pm	"	4.1	
18	5:22pm	"	3.5	
19	5:29pm	"	4.0	
20	4:28pm	"	3.6	
21	6:04pm	"	3.5	
22	6:22pm	"	3.6	
23	5:34pm	"	2.1	
24	5:22pm	"	2.9	
25	5:29pm	"	6.6	
26	6:25pm	"	7.8	
27	6:12pm	"	8.1	
28	6:03pm	"	8.7	
29	5:33pm	"	6.6	
30	5:18pm	"	7.0	
31	5:32pm	"	5.2	

Pump ADJUSTED
 10:08pm : 1.1

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? 4 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 <u>0.4</u> mg/L as required? <input checked="" 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: Tawny Beltz Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: (503) 608 0735 OR
 Date: 04/01/2026 Small Groundwater System

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