

Source  
AAwell

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

System Name Leafwood Water Assoc PWS ID# 41 0099.3  
 Month/Year 1/21 Entry Point: ~~1/1/2021~~ 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	10:00pm		.2	
2	10:00pm		.2	
3	11:00pm		.3	
4	11:00pm		.4	
5	6:30 pm		.04	
6	6:30 pm		.04	
7	7:00 pm		.04	
8	7:30 pm		.04	
9	10:00 Am		.04	
10	3:30 pm		.04	
11	2:30 pm		.04	
12	6:30 pm		.04	
13	6:00 pm		.02	
14	7:00 pm		.04	
15	8:30 pm		.04	
16	3:00 pm		.04	
17	1:00 pm		.04	
18	10:00 AM		.04	
19	7:00 pm		.04	
20	7:00 pm		.04	
21	7:00 pm		.04	
22	11:30 AM		.04	
23	2:30 PM		0.3	
24	10:30 AM		.04	
25	4:30 AM		.04	
26	6:00 pm		.04	
27	7:30 pm		.04	
28	7:00 pm		.04	
29			.04	
30	1:30 pm		.02	
31	1:00 pm		.02	

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Data Mgmt & Compliance  
Drinking Water Program

Was the chlorine residual ever less than the required minimum residual of 1.2 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: _____/_____/_____          Date it was returned to service: _____/_____/_____</p>

Printed Name: Margaret Stugel Title: \_\_\_\_\_ Operator Certification #: N/A  
 Signature: [Signature] Phone #: 503 946-1309 OR  
 Date: 2/1/21 Small Groundwater System