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

System Name: Leaf Wood Water Assoc. PWS ID# 41 00903

Month/Year: 12/21 Entry Point: Source At Well 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	10:00 PM		.2	
2			.2	
3			.2	
4			.2	
5			.2	
6			.2	
7			.2	
8			.2	
9			.3	
10			.3	
11			.2	
12			.2	
13			.2	
14			.2	
15			.3	
16			.3	
17			.2	
18			.2	
19			.2	
20			.2	
21			.2	
22			.2	
23			.2	
24			.2	
25			.2	
26			.2	
27			.2	
28			.2	
29			.2	
30			.2	
31			.2	

Was the chlorine residual ever less than the required minimum residual of .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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ 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? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: David Chilton Title: _____

Signature: _____ Phone #: (541) 543-4380

Date: 1/1/22

Operator Certification #: N/A OR Small Groundwater System ☑

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Drinking Water Program