

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

System Name Leahwood Water Assoc. PWS ID# 41 00893
 Month/Year 1/22 Entry Point: Source A 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 AM		1.2	
2			1.2	
3			1.2	
4			1.2	
5			1.2	
6			1.2	
7			1.2	
8			1.2	
9			1.2	
10			1.2	
11			1.2	
12			1.2	
13			1.2	
14			1.2	
15			1.2	
16			1.2	
17			1.2	
18			1.2	
19			1.2	
20			1.2	
21			1.2	
22			1.2	
23			1.2	
24			1.2	
25			1.2	
26			1.2	
27			1.2	
28			1.2	
29			1.2	
30			1.2	
31			1.2	

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.

<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>
--	--	---

Printed Name: Scotty Smith Title: _____ Operator Certification #: NA
 Signature: [Signature] Phone #: (503) 573-9300 OR
 Date: 2/1/22 Small Groundwater System

RECEIVED
 FEB 02 2022
 Data Mgmt & Compliance
 Drinking Water Program