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

System Name: Leafwood Water Assoc. PWS ID#: 41 00993

Month/Year: 4/22 Entry Point: Source Well #1 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	9:08 Am		.2	
2	10:00 Am		.4	
3	8:30 Am		.4	
4	10:00 Am		.3	
5	6:00 pm		.3	
6	6:00 pm		.3	
7	8:30 Am		.3	
8	4:30 pm		.3	
9	9:00 Am		.3	
10	8:00 Am		.4	
11	5:30 pm		.2	
12	7:00 pm		.4	
13	6:30 pm		.4	
14	9:30 Am		.3	
15	5:00 pm		.3	
16	11:30 Am		.4	
17	9:30 Am		.2	
18	7:30 pm		.2	
19	4:00 pm		.4	
20	5:30 pm		.4	
21	8:30 Am		.4	
22	3:00 pm		.2	
23	6:30 pm		.2	
24	9:30 pm		.2	
25	3:00 pm		.3	
26	3:00 pm		.3	
27	6:30 pm		.2	
28	6:30 Am		.2	
29	4:00 pm		.3	
30	9:20 Am		.3	
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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: Margaret Gruff Title: _____

Signature: Margaret Gruff Phone #: (541) 946-1209

Date: 5/6/2022

Operator Certification #: N/A

OR

Small Groundwater System ☐

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Data Mgmt & Compliance
Drinking Water Program