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

System Name: Leafwood Water Assoc. PWS ID#: 4100993

Month/Year: 7/22 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 PM		.2	
2	"		.2	
3	"		.2	
4	"		.3	
5	"		.2	
6	"		.2	
7				
8	7:00 AM		.2	
9	9:00 AM		.3	
10	4:30 PM		.3	
11	7:30 AM		.4	
12	2:30 PM		.4	
13	8:00 PM		.4	
14	10:30 AM		.4	
15	12:00 PM		.4	
16	10:00 AM		.4	
17	10:00 AM		.4	
18	8:00 PM		.2	
19	7:00 PM		.2	
20	1:00 PM		.2	
21	6:00 PM		.2	
22	11:30 AM		.2	
23	12:00 PM		.2	
24	9:00 AM		.2	
25	8:00 PM		.2	
26	1:00 PM		.2	
27	12:30 PM		.2	
28	8:00 AM		.2	
29		out of Town		
30		"		
31	9:30 AM		.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: Margaret Grupt Title: _____

Signature: [signature] Phone #: 541 946 1304

Date: 8/1/22

Operator Certification #: N/A

OR

Small Groundwater System ☐

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Drinking Water Program