

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

System Name leafwood water Assoc. PWS ID# 41 00993  
 Month/Year 08/22 Entry Point: Source AA 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	10:30 AM			
2	1:00 PM			
3	10:30 AM			
4	2:00 PM			
5	8:00 AM			
6	8:00 AM			
7	10:30 AM			
8	11:30 PM			
9	12:30 PM			
10	2:30 PM			
11	5:30 PM			
12	11:30 AM			
13	11:00 AM			
14	12:30 PM			
15	9:30 AM			
16	9:00 AM			
17	2:30 PM			
18	11:30 AM			
19	12:30 PM			
20	12:30 PM			
21	2:30 PM			
22	10:00 AM			
23	1:00 PM			
24	1:00 PM			
25	3:00 AM			
26	9:30 AM			
27	5:00 PM			
28	11:30 AM			
29	12:30 PM			
30	11:00 AM			
31	9:00 AM			

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><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: ___/___/___</p> <p>Date it was returned to service: ___/___/___</p>

Printed Name: Margaret Grugel Title: \_\_\_\_\_ Operator Certification #: N/A  
 Signature: Margaret Grugel Phone #: (503) 946-1309  
 Date: 9/01/22

