

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

System Name Leafwood Water Assoc. PWS ID# 41 00993  
 Month/Year 9/22 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	11:30 Am			
2	10:30 Am			
3	11:30 Am			
4	11:00 Am			
5	11:00 PM			
6	7:05 Am			
7	1:30 Am			
8	4:30 pm			
9	11:00 Am			
10		NO POWER		
11	12:30 pm			
12	5:00 Am			
13	8:05 Am			
14	10:00 Am			
15	11:30 Am			
16	3:00 pm			
17	4:30 pm			
18	10:30 Am			
19	12:00 PM			
20	10:00 Am			
21	10:30 Am			
22	10:30 Am			
23	9:30 Am			
24	9:05 Am			
25	10:30 Am			
26	8:00 Am			
27	8:30 Am			
28	8:00 Am			
29	8:05 Am			
30	9:30 Am			
31				

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Drinking Water Program

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>
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Printed Name: Margaret Bruzel Title: \_\_\_\_\_ Operator Certification #: WA  
 Signature: \_\_\_\_\_ Phone #: 541 916 1309 OR  
 Date: 9/30/22 Small Groundwater System