

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

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Certification Services

System Name Leafwood Water Assoc PWS ID# 41 00993
 Month/Year 11/22 Entry Point: Source AA Well Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:35	AM	0.2	
2	9:00	AM	0.2	
3	8:45	AM	0.2	
4	9:10	AM	0.2	
5	9:00	AM	0.2	
6	8:30	AM	0.2	
7	9:50	AM	0.2	
8	11:45	AM	0.2	
9	10:00	AM	0.2	
10	12:00	PM	0.2	
11	10:05	AM	0.2	
12	7:30	AM	0.2	
13	10:20	AM	0.2	
14	9:40	AM	0.2	
15	10:00	AM	0.2	
16	9:15	AM	0.2	
17	8:15	AM	0.2	
18	9:35	AM	0.2	
19	10:00	AM	0.2	
20	9:40	AM	0.2	
21	10:05	AM	0.2	
22	9:45	AM	0.2	
23	5:45	PM	0.2	
24	7:20	AM	0.2	
25	10:05	AM	0.2	
26	10:20	AM	0.2	
27	8:30	AM	0.2	
28	5:10	P.M.	0.2	
29	12:20	PM	0.2	
30	11:05	AM	0.2	
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Was the chlorine residual ever less than the required minimum residual of 0.2 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 <u>0.2</u> mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach these 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 checked="" 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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: <u>1/1</u></p> <p>Date it was returned to service: <u>1/1</u></p>

Printed Name: Alex Geller Title: _____ Operator Certification #: N/A
 Signature: Alex Geller Phone #: (____) _____ OR
 Date: 12/01/22 Small Groundwater System