

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

System Name Leafwood Water Assoc PWS ID# 41 00993  
 Month/Year 5/23 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	9:05	am	.2	
2	5:50	pm	.2	
3	9:00	pm	.2	
4	7:00	pm	.2	
5	9:10	pm	.2	
6	9:03	pm	.2	
7	6:13	pm	.2	
8	7:48	pm	.2	
9	8:23	pm	.2	
10	5:12	pm	.2	
11	7:43	pm	.2	
12	6:20	pm	.2	
13	6:48	pm	.2	
14	7:45	pm	.2	
15	5:16	pm	.2	
16	8:03	pm	.2	
17	4:36	pm	.2	
18	7:12	pm	.2	
19	5:47	pm	.2	
20	6:34	pm	.2	
21	9:14	pm	.2	
22	4:27	pm	.2	
23	8:13	pm	.2	
24	8:20	pm	.2	
25	5:32	pm	.2	
26	6:47	pm	.2	
27	6:03	pm	.2	
28	9:50	pm	.2	
29	3:03	pm	.2	
30	5:12	pm	.2	
31	4:47	pm	.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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>.2</u> mg/L as required? <input type="checkbox"/> Yes <input checked="" 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 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>    </u>/<u>    </u>/<u>    </u></p> <p>Date it was returned to service: <u>    </u>/<u>    </u>/<u>    </u></p>
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Printed Name: Allie Blanchard Title: \_\_\_\_\_ Operator Certification #: N/A  
 Signature: A. Blanchard Phone #: ( ) \_\_\_\_\_ OR  
 Date: 5/23 Small Groundwater System