

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

System Name Leafwood Water Assoc. PWS ID# 41 00993
 Month/Year 6/23 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	6:15	om	.2	
2	8:27	pm	.2	
3	4:30	pm	.2	
4	5:17	pm	.2	
5	10:15	pm	.2	
6	4:47	pm	.2	
7	6:23	pm	.2	
8	9:00	pm	.2	
9	8:47	pm	.2	
10	6:52	pm	.2	
11	4:15	pm	.2	
12	5:37	pm	.2	
13	5:50	pm	.2	
14	8:01	pm	.2	
15	7:16	pm	.2	
16	5:30	pm	.2	
17	4:43	pm	.2	
18	7:15	pm	.2	
19	6:21	pm	.2	
20	4:30	pm	.2	
21	8:26	pm	.2	
22	9:05	pm	.2	
23	5:57	pm	.2	
24	7:32	pm	.2	
25	8:45	pm	.2	
26	6:01	pm	.2	
27	5:15	pm	.2	
28	4:38	pm	.2	
29	8:19	pm	.2	
30	9:37	pm	.2	
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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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u> </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>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> / / </u></p> <p>Date it was returned to service: <u> / / </u></p>	

Printed Name: Allie Blanchard Title: Operator Certification #: N/A
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 Date: 6/23/23 Small Groundwater System