

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

System Name Leafwood Water Assoc PWS ID# 41 00993
 Month/Year 7/23 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	12:30 pm		.2	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 07 2023 Data Mgmt & Compliance Drinking Water Program </div>
2	3:30 pm		.2	
3	4:00 am		.2	
4	7:30 am		.2	
5	11:30 am		.2	
6	11:30 am		.2	
7	1:00 pm		.2	
8	6:30 pm		.2	
9	8:00 am		.2	
10	2:00 pm		.2	
11	8:30 am		.2	
12	4:00 pm		.2	
13	8:30 am		.2	
14	8:40 am		.2	
15	8:45 am		.2	
16	9:10 am		.2	
17	8:30 am		.2	
18	10:00 am		.2	
19	9:15 am		.2	
20	9:00 am		.2	
21	8:10 am		.2	
22	10:40 am		.2	
23	4:00 am		.2	
24	8:05 am		.2	
25	7:30 pm		.2	
26	9:30 am		.2	
27	9:00 am		.2	
28	9:00 noon		.2	
29	9:00 am		.2	
30	2:30 pm		.2	
31	12:30 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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ 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: _____/_____/____</p> <p>Date it was returned to service: _____/_____/____</p>
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Printed Name: Margaret Conroy Title: _____ Operator Certification #: W/A
 Signature: [Signature] Phone #: (541) 946-1309 OR
 Date: 8/1/23 Small Groundwater System