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

System Name Leafwood Water Assoc. PWS ID# 41 00993							
Month/Year / 0 1 23 Entry Point: Source AAWe// Required Minimum Residual Z mg/L							
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point to distribution system (mg/l		Notes	
1	9:10	am		035			
2	8:45	an		.35			
3	10:15	am		. 3			
4	4130	pm	*	¥3			
5	8.48	am	delitario de la constanta de l	, 3			
6	9:10	an	***************************************	3			
7	8:10	am		13			
8	9:15	aM		3			
9	8:20	am		. 3			
10	7:15	an		. 3			
11	8:30	an		3			
13	9:05	am		3			
14	9:00	an		- 3			
15	7:45			3			
16	8:40	an		, 30	- ¥:		
17	12:30) JM					
18	8:20	lan		4.0			
19	9:10	9M		· 2		and the second of the second of the second of	
20	16:10	aM	inen i li i e care	5	un III	FREINEI	
21	12:10	D. M.		c 2	10/1		
22	9130	an	1	4.9	20, 10, 14, 21	HOV 0 8 20	
23	10:05	an	AND	63	A THE STATE OF	0 2023	
24	9:10	an		e 25	Data	Mgmt & Company	
25	10:45	an		. 2	Drin	king Water Program	
26	10:10	an		+ 3		AFFF	
27	9:20	an		4		· · · · · · · · · · · · · · · · · · ·	
28	8145	an		к 3			
29	9:30	MD		e3			
30	1:50	PM		03			
31 200 m							
Was the chlorine residual ever less than the required minimum residual ofmg/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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
						Date continuous monitoring	
until the residual returned tomg/L as reporting month? ☐ Yes ☐ № equipment failed:							
required	d? □ Ye	s 🗆 No	If yes, were grab samples collected every four hours until		nours until the		
Attach those results and submit them with continuous monitoring equipment was returned to service as Date it was ret						Date it was returned to	
this form.			required?	☐ Yes ☐ No		service:	
		Transcript of the transcript	Attach grab samp	Attach grab sample results and submit them with		And the second second second second second	
Printed N	Vame: A	IX Geller	Title	Title:		Operator Certification #:/U///	
Date: 10 13/1/23 Small Groundwater System							