

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

JAN 04 2024

Certification
 Drinking Water Services

System Name Leafwood Water Assoc PWS ID# 41 00993
 Month/Year 11 / 23 Entry Point: Source AA Well 11 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	9:10	am	.4	
2	9:20	am	.4	
3	3:32	pm	.2	
4	4:13	pm	.2	
5	10:00	am	.2	
6	5:00	pm	.2	
7	4:32	pm	.2	
8	10:00	am	.2	
9	3:37	pm	.2	
10	4:50	pm	.2	
11	8:30	am	.2	
12	6:12	pm	.2	
13	3:30	pm	.2	
14	7:20	pm	.2	
15	7:40	pm	.2	
16	5:16	pm	.2	
17	5:33	pm	.2	
18	4:47	pm	.2	
19	9:03	am	.2	
20	11:16	am	.2	
21	4:23	pm	.2	
22	6:15	pm	.2	
23	5:00	pm	.2	
24	4:02	pm	.2	
25	7:17	pm	.2	
26	6:00	pm	.2	
27	10:00	pm	.2	
28	5:57	pm	.2	
29	4:18	pm	.2	
30	8:03	pm	.2	
31				

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>.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: _____</p> <p>Date it was returned to service: _____</p>
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Printed Name: Allie Blanchard Title: _____ Operator Certification #: N/A
 Signature: Allie Blanchard Phone #: 541 520 6026
 Date: 11 / 30 / 23 OR
 Small Generator System