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

System Name: Leafwood Water Assoc. PWS ID# 41 00993

Month/Year: 3 /24 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	9:00	AM	.5	
2	3:30	PM	.5	
3	11:30	PM	.5	
4	8:30	AM	.5	
5	11:00	AM	.5	
6	9:00	AM	.6	
7	5:00	PM	.5	
8	12:00	PM	.5	
9	3:30	PM	.5	
10	11:00	AM	.5	
11	10:00	AM	.5	
12	1:00	PM	.5	
13	3:00	PM	.5	
14	12:30	PM	.5	
15	2:30	PM	.5	
16	8:30	AM	.5	
17	5:00	PM	.5	
18	1:00	PM	.5	
19	6:00	PM	.5	
20	2:00	PM	.5	
21	1:00	PM	.5	
22	1:00	PM	.5	
23	12:30	PM	.5	
24	5:00	PM	.5	
25	11:30	PM	.5	
26	5:00	PM	.5	
27	2:30	PM	.5	
28	6:00	PM	.4	
29	8:30	AM	.4	
30	9:00	AM	.5	
31	7:30	AM	.5	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: ___/___/___

Date it was returned to service: ___/___/___

Printed Name: Margaret Brugel Title: _____

Signature: Margaret Brugel Phone #: (541) 946-1309

Date: 4/2/24

Operator Certification #: N/A

OR

Small Groundwater System ☐

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