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

System Name: Leaf Wood Water Assoc PWS ID# 41 00993

Month/Year: 5/25 Entry Point: Source A 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 | 8:00 | AM | .4 | |
| 2 | 3:12 | PM | .2 | |
| 3 | 3:33 | PM | .2 | |
| 4 | 6:23 | PM | .2 | |
| 5 | 7:53 | PM | .2 | |
| 6 | 6:42 | PM | .2 | |
| 7 | 5:50 | PM | .3 | |
| 8 | 5:30 | PM | .2 | |
| 9 | 4:51 | PM | .2 | |
| 10 | 3:47 | PM | .2 | |
| 11 | 6:35 | PM | .3 | |
| 12 | 7:11 | PM | .2 | |
| 13 | 7:40 | PM | .2 | |
| 14 | 4:51 | PM | .2 | |
| 15 | 7:20 | PM | .2 | |
| 16 | 6:15 | PM | .2 | |
| 17 | 3:31 | PM | .3 | |
| 18 | 4:45 | PM | .2 | |
| 19 | 5:40 | PM | .2 | |
| 20 | 6:00 | PM | .2 | |
| 21 | 7:15 | PM | .3 | |
| 22 | 5:12 | PM | .2 | |
| 23 | 3:30 | PM | .2 | |
| 24 | 3:00 | PM | .2 | |
| 25 | 4:00 | PM | .2 | |
| 26 | 6:20 | PM | .2 | |
| 27 | 5:50 | PM | .2 | |
| 28 | 4:30 | PM | .3 | |
| 29 | 6:00 | PM | .2 | |
| 30 | 5:15 | PM | .2 | |
| 31 | 4:00 | 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.

**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: Allie Blanchard Title: _____

Signature: [signature] Phone #: (541) 520-6026

Date: 5/12/25

Operator Certification #: N/A

OR

Small Groundwater System ☑