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

System Name: Leaf wood Water Assoc PWS ID# 41 00943

Month/Year: 6/18 Entry Point: Source #4 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	9:30pm		.2	
2			.2	
3			.2	
4			.4	
5			.4	
6			.3	
7			.4	
8			.2	
9			.2	
10			.2	
11			.2	
12			.2	
13			.2	
14			.2	
15			.4	
16			.4	
17			.3	
18			.3	
19			.4	
20			.4	
21			.4	
22			.4	
23			.2	
24			.2	
25			.2	
26			.2	
27			.2	
28			.2	
29			.2	
30			.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.

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: Caleb Caldwell Title: _____

Signature: _____ Phone #: (541) 543-9380

Date: 7/1/18

Operator Certification #: N/A

OR

Small Groundwater System ☒