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

System Name: Leafwood Water Assoc PWS ID# 41 00993

Month/Year: 2/25 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	8:05	am	.4	
2	8:20	am	.4	
3	9:10	am	.3	
4	10:15	am	.3	
5	5:20	pm	.3	
6	5:30	pm	.3	
7	9:10	am	.3	
8	9:45	am	.3	
9	8:05	am	.3	
10	9:00	am	.3	
11	7:45	am	.3	
12	9:20		.3	
13	10:10		.3	
14	10:00		.3	
15	8:35		.4	
16	8:40		.4	
17	8:30		.4	
18	8:05		.4	
19	9:10		.4	
20	9:35		.4	
21	10:10		.4	
22	8:20		.4	
23	7:45		.4	
24	8:10		.4	
25	8:00		.4	
26	9:30	am	.4	
27	12:05	pm	.4	
28	1:00	pm	.4	
29				
30				
31				

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: Alix Geller Title: ___

Signature: Alix Geller Phone #: (707) 535-6530

Date: 2/28/25 (2/28/25)

Operator Certification #: N/A

OR

Small Groundwater System ☐