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Certification Drinking Water Services

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

System Name: Leafwood Water Assoc PWS ID# 41 00923

Month/Year: 9/25 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 | 5:00 pm | | .4 | |
| 2 | 5:30 pm | | .4 | |
| 3 | 8:10 | am | .3 | |
| 4 | 9:00 | am | .3 | |
| 5 | 8:45 | ↓ | .3 | |
| 6 | 8:10 | | .2 | |
| 7 | 8:25 | | .2 | |
| 8 | 8:00 | | .3 | |
| 9 | 9:15 | | .3 | |
| 10 | 9:00 | | .2 | |
| 11 | 8:10 | | .2 | |
| 12 | 9:45 | | .4 | |
| 13 | 10:10 | | .3 | |
| 14 | 9:05 | | .3 | |
| 15 | 11:00 | | .3 | |
| 16 | 9:15 | | .3 | |
| 17 | 8:05 | | .3 | |
| 18 | 8:00 | | .2 | |
| 19 | 10:00 | | .2 | |
| 20 | 9:20 | | .4 | |
| 21 | 8:50 | | .4 | |
| 22 | 10:10 | | .4 | |
| 23 | 2:45 | pm | .4 | |
| 24 | 9:10 | | .4 | |
| 25 | 8:10 | | .5 | |
| 26 | 8:05 | | .5 | |
| 27 | 10:10 | | .4 | |
| 28 | 1:05 | | .3 .3 | |
| 29 | 8:08 | | .4 | |
| 30 | 1:20 | | .4 | |
| 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: Alix Keller Title: _____ Operator Certification #: N/A

Signature: Alix Keller Phone #: (971) 535 6536 OR

Date: 9/30/2025 Small Groundwater System ☐