

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

System Name

Leafwood Water Assoc

PWS ID# 41

00993

Month/Year

10/25

Entry Point: Source AA well

Required Minimum Residual: 2

NOV 03 2025

Oregon Drinking Water Services

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:10	am	.3	
2	9:30		.3	
3	10:00	↓	.3	
4	8:35		.3	
5	7:35		.3	
6	9:00		.3	
7	10:10		.3	
8	2:00	pm	.3	
9	7:45	am	.3	
10	8:20	↓	.3	
11	9:15		.3	
12	9:05		.3	
13	9:10		.4	
14	8:15		.4	
15	8:50		.4	
16	9:10		.4	
17	9:45		.3	
18	7:45		.3	
19	8:15		.3	
20	8:20		.2	
21	9:05		.3	
22	10:25		.3	
23	9:35		.3	
24	8:05		.4	
25	8:10		.4	
26	8:35		.4	
27	8:30		.4	
28	7:25		.4	
29	9:15		.4	
30	9:30		.4	
31	10:30		.4	

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: \_\_\_\_\_

Operator Certification #: \_\_\_\_\_

Signature: Philip Geller

Phone #: (207) 535-6536

OR

Date: 10/31/25

Small Groundwater System