

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

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Certification Drinking Water Services

System Name Leafwood Water Assoc PWS ID# 41 00993
Month/Year 10/25 Entry Point: Source AA 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	8:10	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 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 Geller

Signature: Alix Geller

Date: 10/31/25

Title: _____

Phone #: (727) 5356536

Operator Certification #: _____

OR

Small Groundwater System ☐