

**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 1/26 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	7:26	pm	.2	
2	4:58	pm	.2	
3	9:06	pm	.2	
4	5:10	pm	.2	
5	8:37	pm	.2	
6	6:15	pm	.2	
7	4:05	pm	.2	
8	10:00	pm	.2	
9	7:10	pm	.2	
10	16:00	pm	.2	
11	7:50	pm	.2	
12	4:30	pm	.2	
13	8:10	pm	.2	
14	7:45	pm	.2	
15	9:30	pm	.2	
16	5:40	pm	.2	
17	6:45	pm	.2	
18	7:30	pm	.2	
19	4:50	pm	.2	
20	5:50	pm	.2	
21	9:10	pm	.1	
22	16:15	pm	.2	
23	8:30	pm	.2	
24	4:30	pm	.2	
25	5:45	pm	.2	
26	8:15	pm	.2	
27	16:12	pm	.2	
28	7:45	pm	.2	
29	8:00	pm	.2	
30	9:00	pm	.2	
31	16:30	pm	.2	

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.

<p align="center">GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u> </u> mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach these results and submit them with this form.</p>	<p align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: <u> </u></p> <p>Date it was returned to service: <u> </u></p>	

Printed Name: Allie Blanchard Title: Operator Certification #:
Signature: Phone #: 541.510.6026 OR
Date: 1/31/26 Small Groundwater System