

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


<b>System Name:</b> Seavey Loop Water Company			<b>PWS ID#</b> 41 - 00289	
<b>Month/Year:</b> July-25			<b>Required Minimum Residual:</b> 0.30 mg/L	

Date	Time	Source(s) in Use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:00:00 PM	WELL (L16262)	0.58	
2	2:00:00 PM	WELL (L16262)	0.59	
3	10:00:00 AM	WELL (L16262)	0.56	
4	10:00:00 AM	WELL (L16262)	0.50	
5	6:00:00 AM	WELL (L16262)	0.51	
6	2:00:00 PM	WELL (L16262)	0.51	
7	10:00:00 AM	WELL (L16262)	0.52	
8	6:00:00 AM	WELL (L16262)	0.50	
9	6:00:00 PM	WELL (L16262)	0.50	
10	6:00:00 PM	WELL (L16262)	0.50	
11	6:00:00 PM	WELL (L16262)	0.62	
12	6:00:00 PM	WELL (L16262)	0.66	
13	10:00:00 AM	WELL (L16262)	0.66	
14	10:00:00 AM	WELL (L16262)	0.65	
15	6:00:00 AM	WELL (L16262)	0.62	
16	2:00:00 PM	WELL (L16262)	0.59	
17	2:00:00 PM	WELL (L16262)	0.57	
18	6:00:00 AM	WELL (L16262)	0.52	
19	6:00:00 AM	WELL (L16262)	0.49	
20	6:00:00 PM	WELL (L16262)	0.46	
21	10:00:00 AM	WELL (L16262)	0.46	
22	10:00:00 AM	WELL (L16262)	0.51	
23	2:00:00 PM	WELL (L16262)	0.56	
24	6:00:00 AM	WELL (L16262)	0.58	
25	6:00:00 AM	WELL (L16262)	0.59	
26	6:00:00 AM	WELL (L16262)	0.60	
27	10:00:00 AM	WELL (L16262)	0.59	
28	2:00:00 PM	WELL (L16262)	0.58	
29	2:00:00 PM	WELL (L16262)	0.62	
30	6:00:00 PM	WELL (L16262)	0.65	
31	11:00:00 PM	WELL (L16262)	0.66	

Was the chlorine residual ever less than the required minimum residual of .30 mg/L \_\_\_\_ Yes   X   No

If yes, what was the longest time period until the required level was restored? \_\_\_\_ hours

<p style="text-align: center;"><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to .30 mg/L?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? ____Yes ____No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ____Yes ____No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:                                 /    /</p> <p>Date it was returned to service:                                 /    /</p>
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<p><b>Printed Name:</b> Dan Reitz</p> <p><b>Signature:</b> </p> <p><b>Date:</b> 8/5/2025</p>	<p><b>Title:</b> Vice- President</p> <p>Oregon Water Services, Inc.</p> <p><b>Phone#:</b> (541) 342-1718</p>	<p><b>Operator Certification #:</b> 6528</p> <p style="text-align: center;">OR</p> <p>Small Ground Water System</p>
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