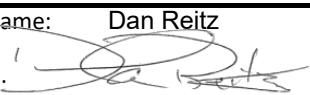


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: Seavey Loop Water Company			PWS ID# 41 - 00289	
Month/Year: October-25		Required Minimum Residual: 0.30 mg/L		
Date	Time	Source(s) in Use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:00:00 PM	WELL (L16262)	0.60	
2	8:00:00 AM	WELL (L16262)	0.56	
3	3:00:00 PM	WELL (L16262)	0.56	
4	12:00:00 PM	WELL (L16262)	0.56	
5	11:00:00 AM	WELL (L16262)	0.56	
6	1:00:00 PM	WELL (L16262)	0.55	
7	4:00:00 PM	WELL (L16262)	0.60	
8	12:00:00 PM	WELL (L16262)	0.61	
9	6:00:00 PM	WELL (L16262)	0.44	
10	10:00:00 AM	WELL (L16262)	0.44	
11	10:00:00 AM	WELL (L16262)	0.44	
12	12:00:00 PM	WELL (L16262)	0.44	
13	12:00:00 PM	WELL (L16262)	0.44	
14	9:00:00 PM	WELL (L16262)	0.44	
15	3:00:00 PM	WELL (L16262)	0.42	
16	1:00:00 AM	WELL (L16262)	0.43	
17	1:00:00 PM	WELL (L16262)	0.44	
18	2:00:00 PM	WELL (L16262)	0.45	
19	3:00:00 AM	WELL (L16262)	0.45	
20	11:00:00 AM	WELL (L16262)	0.45	
21	11:00:00 AM	WELL (L16262)	0.44	
22	2:00:00 PM	WELL (L16262)	0.44	
23	12:00:00 AM	WELL (L16262)	0.44	
24	11:00:00 PM	WELL (L16262)	0.53	
25	11:00:00 PM	WELL (L16262)	0.51	
26	9:00:00 PM	WELL (L16262)	0.50	
27	10:00:00 PM	WELL (L16262)	0.49	
28	8:00:00 AM	WELL (L16262)	0.48	
29	5:00:00 AM	WELL (L16262)	0.48	
30	6:00:00 PM	WELL (L16262)	0.48	
31	11:00:00 PM	WELL (L16262)	0.47	
Was the chlorine residual ever less than the required minimum residual of .30 mg/L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? _____ hours				
GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to .30 mg/L? <i>Attach those results and submit them with this form.</i>		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: Dan Reitz  Signature:		Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718		Operator Certification #: 6528 OR
Date: 11/4/2025		Small Ground Water System		