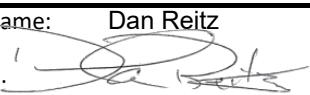


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: Seavey Loop Water Company			PWS ID# 41 - 00289	
Month/Year: November-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	12:00:00 PM	WELL (L16262)	0.47	
2	8:00:00 AM	WELL (L16262)	0.47	
3	7:00:00 PM	WELL (L16262)	0.37	
4	10:00:00 PM	WELL (L16262)	0.36	
5	4:00:00 PM	WELL (L16262)	0.35	
6	1:00:00 PM	WELL (L16262)	0.35	
7	3:00:00 PM	WELL (L16262)	0.40	
8	4:00:00 PM	WELL (L16262)	0.40	
9	8:00:00 PM	WELL (L16262)	0.38	
10	8:00:00 AM	WELL (L16262)	0.38	
11	2:00:00 AM	WELL (L16262)	0.38	
12	9:00:00 AM	WELL (L16262)	0.38	
13	2:00:00 AM	WELL (L16262)	0.38	
14	9:00:00 PM	WELL (L16262)	0.38	
15	10:00:00 AM	WELL (L16262)	0.37	
16	4:00:00 PM	WELL (L16262)	0.35	
17	1:00:00 AM	WELL (L16262)	0.35	
18	5:00:00 PM	WELL (L16262)	0.35	
19	10:00:00 PM	WELL (L16262)	0.34	
20	6:00:00 PM	WELL (L16262)	0.33	
21	11:00:00 PM	WELL (L16262)	0.32	
22	9:00:00 AM	WELL (L16262)	0.32	
23	8:00:00 AM	WELL (L16262)	0.32	
24	5:00:00 PM	WELL (L16262)	0.32	
25	7:00:00 PM	WELL (L16262)	0.32	
26	9:00:00 PM	WELL (L16262)	0.32	
27	4:00:00 PM	WELL (L16262)	0.32	
28	7:00:00 AM	WELL (L16262)	0.32	
29	12:00:00 AM	WELL (L16262)	0.32	
30	4:00:00 PM	WELL (L16262)	0.33	
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: 12/1/2025		Small Ground Water System		