

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> December-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	11:00:00 AM	WELL (L16262)	0.33	
2	4:00:00 AM	WELL (L16262)	0.37	
3	11:00:00 AM	WELL (L16262)	0.38	
4	9:00:00 AM	WELL (L16262)	0.37	
5	2:00:00 AM	WELL (L16262)	0.37	
6	5:00:00 PM	WELL (L16262)	0.36	
7	9:00:00 AM	WELL (L16262)	0.36	
8	7:00:00 AM	WELL (L16262)	0.36	
9	12:00:00 PM	WELL (L16262)	0.36	
10	3:00:00 AM	WELL (L16262)	0.36	
11	4:00:00 AM	WELL (L16262)	0.36	
12	9:00:00 PM	WELL (L16262)	0.35	
13	10:00:00 AM	WELL (L16262)	0.35	
14	2:00:00 PM	WELL (L16262)	0.34	
15	5:00:00 AM	WELL (L16262)	0.34	
16	8:00:00 AM	WELL (L16262)	0.36	
17	2:00:00 AM	WELL (L16262)	0.37	
18	2:00:00 PM	WELL (L16262)	0.45	
19	10:00:00 PM	WELL (L16262)	0.41	
20	6:00:00 PM	WELL (L16262)	0.40	
21	11:00:00 PM	WELL (L16262)	0.42	
22	9:00:00 AM	WELL (L16262)	0.43	
23	8:00:00 AM	WELL (L16262)	0.42	
24	5:00:00 PM	WELL (L16262)	0.40	
25	7:00:00 PM	WELL (L16262)	0.40	
26	9:00:00 PM	WELL (L16262)	0.41	
27	4:00:00 PM	WELL (L16262)	0.42	
28	7:00:00 AM	WELL (L16262)	0.42	
29	12:00:00 AM	WELL (L16262)	0.41	
30	4:00:00 PM	WELL (L16262)	0.40	
31	5:00:00 PM	WELL (L16262)	0.41	

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><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><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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<b>Printed Name:</b> Dan Reitz <b>Signature:</b> 	<b>Title:</b> Vice- President Oregon Water Services, Inc. <b>Phone#:</b> (541) 342-1718	<b>Operator Certification #:</b> 6528 OR <b>Small Ground Water System</b>
<b>Date:</b> 1/7/2026		