

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: September-21 **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	2:00:00 PM	WELL (L16262)	0.55	
2	10:00:00 AM	WELL (L16262)	0.40	
3	10:00:00 AM	WELL (L16262)	0.42	
4	10:00:00 AM	WELL (L16262)	0.44	
5	6:00:00 AM	WELL (L16262)	0.45	
6	2:00:00 PM	WELL (L16262)	0.46	
7	10:00:00 AM	WELL (L16262)	0.31	
8	6:00:00 AM	WELL (L16262)	0.43	
9	6:00:00 PM	WELL (L16262)	0.54	
10	6:00:00 PM	WELL (L16262)	0.54	
11	6:00:00 PM	WELL (L16262)	0.55	
12	6:00:00 PM	WELL (L16262)	0.55	
13	10:00:00 AM	WELL (L16262)	0.55	
14	10:00:00 AM	WELL (L16262)	0.60	
15	6:00:00 AM	WELL (L16262)	0.71	
16	2:00:00 PM	WELL (L16262)	0.75	
17	2:00:00 PM	WELL (L16262)	0.76	
18	6:00:00 AM	WELL (L16262)	0.68	
19	6:00:00 AM	WELL (L16262)	0.65	
20	6:00:00 PM	WELL (L16262)	0.64	
21	10:00:00 AM	WELL (L16262)	0.69	
22	10:00:00 AM	WELL (L16262)	0.76	
23	2:00:00 PM	WELL (L16262)	0.80	
24	6:00:00 AM	WELL (L16262)	0.70	
25	6:00:00 AM	WELL (L16262)	0.65	
26	6:00:00 AM	WELL (L16262)	0.61	
27	10:00:00 AM	WELL (L16262)	0.59	
28	2:00:00 PM	WELL (L16262)	0.60	
29	2:00:00 PM	WELL (L16262)	0.61	
30	6:00:00 PM	WELL (L16262)	0.59	
31	10:00:00 AM	WELL (L16262)		

Was the chlorine residual ever less than the required minimum residual of .30 mg/L Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

<p>GWS Serving 3,300 or Fewer</p> <p>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></p>	<p>GWS Serving More Than 3,300</p> <p>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></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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<p>Printed Name: Dan Reitz Signature: </p>	<p>Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718</p>	<p>Operator Certification #: 6528 OR</p> <p style="text-align: center;">Small Ground Water System</p>
<p>Date: 10/6/2021</p>		