

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-22 **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)	0.49	
2	10:00:00 AM	WELL (L16262)	0.48	
3	10:00:00 AM	WELL (L16262)	0.47	
4	10:00:00 AM	WELL (L16262)	0.46	
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)	0.45	
8	6:00:00 AM	WELL (L16262)	0.44	
9	6:00:00 PM	WELL (L16262)	0.45	
10	6:00:00 PM	WELL (L16262)	0.45	
11	6:00:00 PM	WELL (L16262)	0.44	
12	6:00:00 PM	WELL (L16262)	0.40	
13	10:00:00 AM	WELL (L16262)	0.37	
14	10:00:00 AM	WELL (L16262)	0.35	
15	6:00:00 AM	WELL (L16262)	0.34	
16	2:00:00 PM	WELL (L16262)	0.33	
17	2:00:00 PM	WELL (L16262)	0.32	
18	6:00:00 AM	WELL (L16262)	0.31	
19	6:00:00 AM	WELL (L16262)	0.31	
20	6:00:00 PM	WELL (L16262)	0.31	
21	10:00:00 AM	WELL (L16262)	0.30	
22	10:00:00 AM	WELL (L16262)	0.30	
23	2:00:00 PM	WELL (L16262)	0.31	
24	6:00:00 AM	WELL (L16262)	0.34	
25	6:00:00 AM	WELL (L16262)	0.30	
26	6:00:00 AM	WELL (L16262)	0.31	
27	10:00:00 AM	WELL (L16262)	0.30	
28	2:00:00 PM	WELL (L16262)	0.30	
29	2:00:00 PM	WELL (L16262)	0.31	
30	6:00:00 PM	WELL (L16262)	0.30	
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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <b>.30 mg/L</b>?  <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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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><b>Printed Name:</b> Dan Reitz</p> <p><b>Signature:</b> </p> <p><b>Date:</b> 10/3/2022</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 style="text-align: center;">Small Ground Water System</p>
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