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

System Name: Seavey Loop Water Co			ompany PWS ID# 41 - 00289			
Month/Year: September-24		September-24	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)	Ν	otes	
1	2:00:00 PM	WELL (L16262)	0.71			
2	10:00:00 AM	WELL (L16262)	0.72			
3	10:00:00 AM	WELL (L16262)	0.71			
4	10:00:00 AM	WELL (L16262)	0.67			
5	6:00:00 AM	WELL (L16262)	0.62			
6	2:00:00 PM	WELL (L16262)	0.53			
7	10:00:00 AM	WELL (L16262)	0.49			
8	6:00:00 AM	WELL (L16262)	0.49			
9	6:00:00 PM	WELL (L16262)	0.49			
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)	0.56			
13	10:00:00 AM	WELL (L16262)	0.56			
14	10:00:00 AM	WELL (L16262)	0.54			
15	6:00:00 AM	WELL (L16262)	0.49			
16	2:00:00 PM	WELL (L16262)	0.50			
17	2:00:00 PM	WELL (L16262)	0.50			
18	6:00:00 AM	WELL (L16262)	0.50			
19	6:00:00 AM	WELL (L16262)	0.49			
20	6:00:00 PM	WELL (L16262)	0.49			
21	10:00:00 AM	WELL (L16262)	0.49			
22	10:00:00 AM	WELL (L16262)	0.49			
23	2:00:00 PM	WELL (L16262)	0.49			
24	6:00:00 AM	WELL (L16262)	0.50			
25	6:00:00 AM	WELL (L16262)	0.51			
26	6:00:00 AM	WELL (L16262)	0.51			
27	10:00:00 AM	WELL (L16262)	0.49			
28	2:00:00 PM	WELL (L16262)	0.49			
20	2:00:00 PM	WELL (L16262)	0.50			
30	6:00:00 PM	WELL (L16262)	0.50			
		· · ·			No	
			e required minimum residual o	-	No	
If yes, what was the longest time period until the required level was restored? hours GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
	GWS Serving	3,300 or Fewer	Gws Serving Mo	ore Than 3,300		
If yes, did you monitor every four hours until the residual returned to .30 mg/L?			Did continuous monitoring equipment fail at any time this reporting month?YesNo		Date continuous monitoring equipment failed: / /	
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?		Date it was returned to service:	
			Attach grab sample results and su	Ibmit them with this form.		
Printee	Name:	Dan Reitz	Title: Vice- President			
Signatu	ure:	a Pets	Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification OR	#: 6528	
Date:	10/1/2024			Small Ground Water System		

Hour	Chlorine Residua	I
	0	0.4638
	1	0.4732
	2	0.5045
	3	0.4559
	4	0.5076
	5	0.5105
	6	0.5241
	7	0.4915
	8	0.4803
	9	0.4785
<u>-</u>	10	0.4479
<u>-</u>	11	0.355
<u>-</u>	12	0.4416
<u>-</u>	13	0.5042
-	14	0.4792
<u>-</u>	15	0.4832
-	16	0.4837
<u>-</u>	17	0.4712
<u>-</u>	18	0.4345
-	19	
2	20	
2	21	
2	22	
ź	23	

Average clorine

0.4792 20-Jan