

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:** March-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    | 2:00:00 PM  | WELL (L16262)    | 0.50   |       |
| 2    | 2:00:00 PM  | WELL (L16262)    | 0.50   |       |
| 3    | 10:00:00 AM | WELL (L16262)    | 0.50   |       |
| 4    | 10:00:00 AM | WELL (L16262)    | 0.50   |       |
| 5    | 6:00:00 AM  | WELL (L16262)    | 0.51   |       |
| 6    | 2:00:00 PM  | WELL (L16262)    | 0.51   |       |
| 7    | 10:00:00 AM | WELL (L16262)    | 0.52   |       |
| 8    | 6:00:00 AM  | WELL (L16262)    | 0.52   |       |
| 9    | 6:00:00 PM  | WELL (L16262)    | 0.52   |       |
| 10   | 6:00:00 PM  | WELL (L16262)    | 0.54   |       |
| 11   | 6:00:00 PM  | WELL (L16262)    | 0.53   |       |
| 12   | 6:00:00 PM  | WELL (L16262)    | 0.53   |       |
| 13   | 10:00:00 AM | WELL (L16262)    | 0.52   |       |
| 14   | 10:00:00 AM | WELL (L16262)    | 0.50   |       |
| 15   | 6:00:00 AM  | WELL (L16262)    | 0.50   |       |
| 16   | 2:00:00 PM  | WELL (L16262)    | 0.50   |       |
| 17   | 2:00:00 PM  | WELL (L16262)    | 0.49   |       |
| 18   | 6:00:00 AM  | WELL (L16262)    | 0.48   |       |
| 19   | 6:00:00 AM  | WELL (L16262)    | 0.48   |       |
| 20   | 6:00:00 PM  | WELL (L16262)    | 0.48   |       |
| 21   | 10:00:00 AM | WELL (L16262)    | 0.49   |       |
| 22   | 10:00:00 AM | WELL (L16262)    | 0.50   |       |
| 23   | 2:00:00 PM  | WELL (L16262)    | 0.51   |       |
| 24   | 6:00:00 AM  | WELL (L16262)    | 0.50   |       |
| 25   | 6:00:00 AM  | WELL (L16262)    | 0.52   |       |
| 26   | 6:00:00 AM  | WELL (L16262)    | 0.54   |       |
| 27   | 10:00:00 AM | WELL (L16262)    | 0.53   |       |
| 28   | 2:00:00 PM  | WELL (L16262)    | 0.52   |       |
| 29   | 2:00:00 PM  | WELL (L16262)    | 0.52   |       |
| 30   | 6:00:00 PM  | WELL (L16262)    | 0.52   |       |
| 31   | 11:00:00 PM | WELL (L16262)    | 0.51   |       |

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>?</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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|--|--|---|
| <p><b>Printed Name:</b> Dan Reitz</p> <p><b>Signature:</b> </p> <p><b>Date:</b> 4/7/2025</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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