

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: May-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)	0.55	
2	2:00:00 PM	WELL (L16262)	0.52	
3	10:00:00 AM	WELL (L16262)	0.52	
4	10:00:00 AM	WELL (L16262)	0.51	
5	6:00:00 AM	WELL (L16262)	0.50	
6	2:00:00 PM	WELL (L16262)	0.52	
7	10:00:00 AM	WELL (L16262)	0.52	
8	6:00:00 AM	WELL (L16262)	0.53	
9	6:00:00 PM	WELL (L16262)	0.53	
10	6:00:00 PM	WELL (L16262)	0.54	
11	6:00:00 PM	WELL (L16262)	0.54	
12	6:00:00 PM	WELL (L16262)	0.54	
13	10:00:00 AM	WELL (L16262)	0.57	
14	10:00:00 AM	WELL (L16262)	0.58	
15	6:00:00 AM	WELL (L16262)	0.60	
16	2:00:00 PM	WELL (L16262)	0.60	
17	2:00:00 PM	WELL (L16262)	0.59	
18	6:00:00 AM	WELL (L16262)	0.59	
19	6:00:00 AM	WELL (L16262)	0.62	
20	6:00:00 PM	WELL (L16262)	0.76	
21	10:00:00 AM	WELL (L16262)	0.77	
22	10:00:00 AM	WELL (L16262)	0.73	
23	2:00:00 PM	WELL (L16262)	0.66	
24	6:00:00 AM	WELL (L16262)	0.63	
25	6:00:00 AM	WELL (L16262)	0.60	
26	6:00:00 AM	WELL (L16262)	0.58	
27	10:00:00 AM	WELL (L16262)	0.57	
28	2:00:00 PM	WELL (L16262)	0.56	
29	2:00:00 PM	WELL (L16262)	0.57	
30	6:00:00 PM	WELL (L16262)	0.52	
31	11:00:00 PM	WELL (L16262)	0.56	

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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>Printed Name: Dan Reitz</p> <p>Signature: </p> <p>Date: 6/6/2025</p>	<p>Title: Vice- President</p> <p>Oregon Water Services, Inc.</p> <p>Phone#: (541) 342-1718</p>	<p>Operator Certification #: 6528</p> <p style="text-align: center;">OR</p> <p>Small Ground Water System</p>
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