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-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 | 5:00:00 PM | WELL (L16262) | 0.46 | |
| 2 | 11:00:00 AM | WELL (L16262) | 0.46 | |
| 3 | 1:00:00 AM | WELL (L16262) | 0.59 | |
| 4 | 11:00:00 AM | WELL (L16262) | 0.61 | |
| 5 | 2:00:00 AM | WELL (L16262) | 0.64 | |
| 6 | 4:00:00 PM | WELL (L16262) | 0.65 | |
| 7 | 7:00:00 PM | WELL (L16262) | 0.63 | |
| 8 | 1:00:00 AM | WELL (L16262) | 0.62 | |
| 9 | 8:00:00 PM | WELL (L16262) | 0.60 | |
| 10 | 3:00:00 PM | WELL (L16262) | 0.40 | |
| 11 | 8:00:00 AM | WELL (L16262) | 0.57 | |
| 12 | 4:00:00 PM | WELL (L16262) | 0.53 | |
| 13 | 11:00:00 AM | WELL (L16262) | 0.57 | |
| 14 | 4:00:00 PM | WELL (L16262) | 0.56 | |
| 15 | 1:00:00 AM | WELL (L16262) | 0.57 | |
| 16 | 2:00:00 AM | WELL (L16262) | 0.58 | |
| 17 | 1:00:00 AM | WELL (L16262) | 0.62 | |
| 18 | 12:00:00 AM | WELL (L16262) | 0.65 | |
| 19 | 12:00:00 AM | WELL (L16262) | 0.67 | |
| 20 | 2:00:00 PM | WELL (L16262) | 0.66 | |
| 21 | 9:00:00 AM | WELL (L16262) | 0.67 | |
| 22 | 1:00:00 PM | WELL (L16262) | 0.67 | |
| 23 | 7:00:00 PM | WELL (L16262) | 0.65 | |
| 24 | 12:00:00 AM | WELL (L16262) | 0.66 | |
| 25 | 3:00:00 PM | WELL (L16262) | 0.65 | |
| 26 | 4:00:00 PM | WELL (L16262) | 0.65 | |
| 27 | 12:00:00 AM | WELL (L16262) | 0.64 | |
| 28 | 5:00:00 PM | WELL (L16262) | 0.63 | |
| 29 | 3:00:00 PM | WELL (L16262) | 0.63 | |
| 30 | 11:00:00 AM | WELL (L16262) | 0.60 | |
| 31 | 11:00:00 PM | WELL (L16262) | N/A | |

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

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to **.30** mg/L?

*Attach those results and submit them with this form.*

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ___Yes ___No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ___Yes ___No

*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Dan Reitz Title: Vice- President

Signature:

Date: 10/1/2025

Oregon Water Services, Inc.
Phone#: (541) 342-1718

Operator Certification #: 6528
OR

Small Ground Water System