

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: January-26 **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	11:00:00 AM	WELL (L16262)	0.41	
2	4:00:00 AM	WELL (L16262)	0.43	
3	11:00:00 AM	WELL (L16262)	0.43	
4	9:00:00 AM	WELL (L16262)	0.41	
5	2:00:00 AM	WELL (L16262)	0.40	
6	5:00:00 PM	WELL (L16262)	0.40	
7	9:00:00 AM	WELL (L16262)	0.40	
8	7:00:00 AM	WELL (L16262)	0.39	
9	12:00:00 PM	WELL (L16262)	0.38	
10	3:00:00 AM	WELL (L16262)	0.41	
11	4:00:00 AM	WELL (L16262)	0.41	
12	9:00:00 PM	WELL (L16262)	0.44	
13	10:00:00 AM	WELL (L16262)	0.40	
14	2:00:00 PM	WELL (L16262)	0.41	
15	5:00:00 AM	WELL (L16262)	0.39	
16	8:00:00 AM	WELL (L16262)	0.37	
17	2:00:00 AM	WELL (L16262)	0.40	
18	2:00:00 PM	WELL (L16262)	0.41	
19	10:00:00 PM	WELL (L16262)	0.43	
20	6:00:00 PM	WELL (L16262)	0.42	
21	11:00:00 PM	WELL (L16262)	0.44	
22	9:00:00 AM	WELL (L16262)	0.44	
23	8:00:00 AM	WELL (L16262)	0.42	
24	5:00:00 PM	WELL (L16262)	0.45	
25	7:00:00 PM	WELL (L16262)	0.45	
26	9:00:00 PM	WELL (L16262)	0.50	
27	4:00:00 PM	WELL (L16262)	0.46	
28	7:00:00 AM	WELL (L16262)	0.45	
29	12:00:00 AM	WELL (L16262)	0.43	
30	4:00:00 PM	WELL (L16262)	0.42	
31	5:00:00 PM	WELL (L16262)	0.43	

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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to .30 mg/L? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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>Printed Name: Dan Reitz Signature: </p>	<p>Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718</p>	<p>Operator Certification #: 6528 OR</p> <p>Small Ground Water System</p>
<p>Date: 2/2/2026</p>		