



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

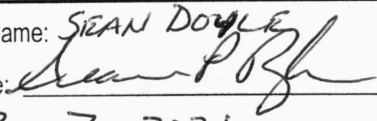
System Name MORAN WATER SYSTEM PWS ID# 41 

Month/Year FEB 1 2021 Entry Point: EP-A Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			0.5	
2			0.5	
3			0.5	
4			0.5	
5			0.5	
6			0.5	
7			0.5	
8			0.5	
9			0.5	
10			0.5	
11			0.5	
12			0.5	
13			0.5	
14			0.5	
15			0.5	
16			0.5	
17			0.5	
18			0.5	
19			0.5	
20			0.5	
21			0.5	
22			0.5	
23			0.5	
24			0.5	
25			0.5	
26			0.5	
27			0.5	
28			0.5	
29			—	
30			—	
31			—	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center"><b>GWS Serving More Than 3,300</b></p> <table border="0"> <tr> <td style="width: 60%;">                 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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No   <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;">                 Date continuous monitoring equipment failed: _____ / _____ / _____                   Date it was returned to service: _____ / _____ / _____             </td> </tr> </table>	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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: _____ / _____ / _____  Date it was returned to service: _____ / _____ / _____
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Printed Name: <u>SEAN DOYLE</u> Signature:  Date: <u>3 17 2021</u>	Title: <u>MAINT</u> Phone #: <u>(541) 401-7748</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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