

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

System Name MORAN WATER SYSTEM

PWS ID# 41

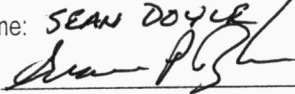
Month/Year JUNE / 2021 Entry Point: EP-A

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			0.55	
2			0.55	
3			0.55	
4			0.55	
5			0.55	
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			0.5	
30			0.5	
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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</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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Printed Name: <u>SEAN DOYLE</u>	Title: <u>MAINT</u>	Operator Certification #:
Signature: 	Phone #: <u>(541) 401-7748</u>	OR
Date: <u>7 / 7 / 2021</u>		Small Groundwater System <input type="checkbox"/>