



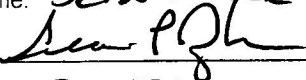
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **MORAN WATER SYSTEM** PWS ID# 41 
 Month/Year **Aug / 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			0.55	
7			0.55	
8			0.55	
9			0.55	
10			0.55	
11			0.55	
12			0.55	
13			0.55	
14			0.55	
15			0.55	
16			0.55	
17			0.50	
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			0.5	

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>GWS Serving 3,300 or Fewer</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>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</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: **SEAN DOYLE** Title: **MAINT** Operator Certification #:
 Signature:  Phone #: **(541) 401-7748** OR
 Date: **9 / 2 / 2021** Small Groundwater System