

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

System Name **MORAN WATER SYSTEM**

PWS ID# 41



Month/Year **SEPT 2021** Entry Point:

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			0.6	BLEACH ADDED
26			0.6	
27			0.6	
28			0.6	
29			0.6	
30			0.6	
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>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>	

Printed Name: SEAN DOYLE	Title: MAINT	Operator Certification #:
Signature: <i>Sean Doyle</i>	Phone #: (541) 401-7748	OR
Date: 10 / 6 / 2021		Small Groundwater System <input type="checkbox"/>