



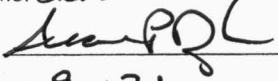
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **MORAN WATER SYSTEM** PWS ID# 41 
 Month/Year **OCT / 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			0.6	
2			0.6	
3			0.6	
4			0.6	
5			0.6	
6			0.6	
7			0.6	
8			0.6	
9			0.6	
10			0.6	
11			0.6	
12			0.6	
13			0.6	
14			0.6	
15			0.6	
16			0.6	
17			0.6	
18			0.6	
19			0.6	
20			0.6	
21			0.55	
22			0.55	
23			0.55	
24			0.55	
25			0.55	
26			0.55	
27			0.55	
28			0.55	
29			0.55	
30			0.55	
31			0.55	

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 align="center">GWS Serving More Than 3,300</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: SEAN DOYLE Signature:  Date: 11 / 9 / 21	Title: MAINT Phone #: (541) 401-7748	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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