

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

System Name **MORAN WATER SYSTEM**

PWS ID# 41

Month/Year **NOV / 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			0.55	
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			0.55	
18			0.55	
19			0.55	
20			0.55	
21			0.55	
22			0.55	
23			0.55	
24			0.55	
25			0.55	
26			0.55	
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>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> <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 Signature: <i>Sean P. Doyle</i> Date: 12 16 21	Title: MAINT Phone #: (541) 401-7748	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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