

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

System Name Sunridge Estates upper

PWS ID# 41 - 01555

Month/Year 6 / 2022 Entry Point: A

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00 AM	AA, AB, AC, AD, AE, AF, AG	0.77	
2			0.70	
3			0.61	
4			0.54	
5			0.59	
6			0.48	
7			0.55	
8			0.44	
9			0.50	
10			0.54	
11			0.56	
12			0.51	
13			0.44	
14			0.37	
15			0.46	
16			0.33	
17			0.82	
18			0.84	
19			0.40	
20			0.45	
21			0.42	
22			0.43	
23			0.54	
24			0.38	
25			0.48	
26			0.47	
27			0.43	
28			0.37	
29			0.39	
30			0.43	
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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Matthew Snyder Title: operator Operator Certification #: D. 08779
 Signature: [Signature] Phone #: (541) 660-3359
 Date: 7 / 9 / 22 Small Groundwater System

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.