

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

System Name Sunridge Estates Upper PWS ID# 41-01555
 Month/Year 1/2023 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	0.74	
2			0.67	
3			0.65	
4			0.81	
5			0.67	
6			0.66	
7			0.61	
8			0.63	
9			1.05	
10			0.85	
11			0.79	
12			1.03	
13			0.70	
14			0.74	
15			0.86	
16			0.75	
17			0.75	
18			0.73	
19			1.01	
20			0.67	
21			0.74	
22			1.01	
23			0.92	
24			0.96	
25			0.65	
26			0.77	
27			0.67	
28			0.80	
29			0.84	
30			0.72	
31			0.76	

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: Matthew Snyder Title: operator Operator Certification #: D-08779
 Signature: [Signature] Phone #: (541) 660-3359 OR
 Date: 2/10/23 Small Groundwater System

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