

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

System Name Sunridge Estates upper

PWS ID# 41-01555

Month/Year 2/23 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	0.53	
2			0.61	
3			0.54	
4			0.47	
5			0.40	
6			0.49	
7			0.57	
8			0.73	
9			0.97	
10			0.63	
11			0.59	
12			0.52	
13			0.60	
14			0.46	
15			0.48	
16			0.71	
17			0.64	
18			0.65	
19			0.57	
20			0.51	
21			0.62	
22			0.85	
23			0.81	
24			0.94	
25			0.76	
26			0.52	
27			0.55	
28			0.61	
29				
30				
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: 3/9/23 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.