

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

System Name Sunridge Estates Upper PWS ID# 41 - 01555
 Month/Year 10 / 2024 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 | 0.44 | |
| 2 | | | 0.48 | |
| 3 | | | 0.53 | |
| 4 | | | 0.55 | |
| 5 | | | 0.47 | |
| 6 | | | 0.43 | |
| 7 | | | 0.42 | |
| 8 | | | 0.59 | |
| 9 | | | 0.50 | |
| 10 | | | 0.61 | |
| 11 | | | 0.67 | |
| 12 | | | 0.58 | |
| 13 | | | 0.61 | |
| 14 | | | 0.52 | |
| 15 | | | 0.48 | |
| 16 | | | 0.37 | |
| 17 | | | 0.40 | |
| 18 | | | 0.73 | |
| 19 | | | 0.69 | |
| 20 | | | 0.62 | |
| 21 | | | 0.54 | |
| 22 | | | 0.53 | |
| 23 | | | 0.71 | |
| 24 | | | 0.65 | |
| 25 | | | 0.64 | |
| 26 | | | 0.60 | |
| 27 | | | 0.56 | |
| 28 | | | 0.55 | |
| 29 | | | 0.63 | |
| 30 | | | 0.48 | |
| 31 | | | 0.59 | |

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> |
|---|---|---|

Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779
 Signature: [Signature] Phone #: (541) 660-3359 OR
 Date: 11 / 4 / 24 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.