

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

System Name Sunridge Estates Upper

PWS ID# 41 - 01555

Month/Year 11 / 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	0.64	
2			0.71	
3			0.73	
4			0.65	
5			0.61	
6			0.57	
7			0.63	
8			0.48	
9			0.35	
10			0.41	
11			0.52	
12			0.46	
13			0.76	
14			0.85	
15			0.83	
16			0.68	
17			0.50	
18			0.67	
19			0.72	
20			0.70	
21			0.79	
22			0.93	
23			0.86	
24			0.85	
25			1.06	
26			0.95	
27			0.90	
28			0.78	
29			0.92	
30			0.85	
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: <u>Matthew Snyder</u> Signature: <u>[Signature]</u> Date: <u>12/3/24</u>	Title: <u>operator</u> Phone #: <u>(541) 660-3359</u>	Operator Certification #: <u>D-08779</u> OR Small Groundwater System <input type="checkbox"/>
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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.