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

Date   Time   Source(s) in use   Lowest free chlorine   Required Minimum Residual   D - 20 mg/L	System Name Sunridge Estates upper PWSID# 41-01555							
Date Time Source(s) in use distribution system (mg/L)  1 \$20 av/ AA, AB, AC, AD, AE, AF, AC  2								
1	Date	Time	Source(s) i	n use	residual at entry point to		Notes	
2	1	X:00 pm	MA AB AC AD AF AF AG					
3		1	marine, no, n	-, 101, 110				
4     0.85     0.7(e   6   0.91   7   0.4    8   0.2(e   9   0.3(e   0.62   11   0.75   12   0.68   14   0.49   15   0.68   14   0.49   15   0.63   16   0.55   17   0.63   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.52   19   0.35   18   0.57   19   0.67   19   0.67   19   19   0.67   19   19   19   0.67   19   19   19   19   19   19   19   1								
Section   Single	4							
6   0.91 7   0.4  8   0.2(c   9   0.3(c   10   0.4(c   11   0.4(c   11   0.4(c   11   12   0.475   13   0.68   14   0.49   15   0.3  16   0.55   17   0.4(c   18   0.52   19   0.33   18   0.52   19   0.33   20   0.34   21   0.67   22   0.64   23   0.67   22   0.64   23   0.67   22   0.64   23   0.53   24   0.53   25   0.47   26   0.57   27   0.69   28   0.74   29   30   31   0.57   30   31   0.58   30   31   0.59   30   31   0.59   30   31   0.59   30   0.59	5							
8	6						· ·	
8	7				0.41			
9	- 8							
10								
12 13 14 15 16 0.49 16 17 18 0.63 18 19 0.55 20 0.67 22 23 24 0.67 22 23 25 0.47 27 28 0.53 29 0.57 29 29 30 31 Was the chorine residual ever less than the required minimum residual of flyes, what was the longest time period until the required level was restored? notified by end of next business day.  GWS Serving 3,300 or Fewer lifyes, did you monitor every four hours until the residual returned to mg/L Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month?   Yes   No   Nours - It > 4 hours, Drinking Water Program to be notified by end of next business day.  GWS Serving 3,300 or Fewer lifyes, did you monitor every four hours until the residual returned to mg/L   Yes   No   Nours - It > 4 hours, Drinking Water Program to be notified by end of next business day.  GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month?   Yes   No   Nours - It > 4 hours, Drinking Water Program to be notified by end of next business day.  Title: Operator Cortification #: 0-08179 Signature:  Printed Name: Matthew Snydet  Title: Operator Certification #: 0-08179 Phone #: (SYI ) 660-3359  Operator Certification #: 0-08179 Operator Certification #: 0-08179 Operator Certification #: 0-08179					0.62			
13					0.75			
14					0.87			
15					0.68			
16					0.49			
17								
18								
19					0.63			
20 21 22 23 24 25 26 27 28 29 30 30 31 Was the chlorine residual ever less than the required minimum residual of continuous manitorine residual ever less than the required level was restored?  27 28 29 30 30 31 Was the chlorine residual ever less than the required minimum residual of continuous manitorine residual ever less than the required level was restored?  29 30 30 31 Was the chlorine residual ever less than the required minimum residual of continuous manitorine required level was restored?  30 31 Was the chlorine residual ever less than the required level was restored?  30 31 Was the chlorine residual ever less than the required level was restored?  30 31 Was the chlorine residual ever less than the required level was restored?  30 30 31 Signature:  30 Signature:  40 50 50 50 50 50 50 50 50 50 50 50 50 50					0.52			
21					0.35			
22   0.64   0.53   0.52   0.53   0.57   0.67								
23								
24   0.53   0.42   25   0.57   27   0.69   28   0.74   29   29   30   31   Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored?   hours -  f > 4 hours, Drinking Water Program to be notified by end of next business day.  GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required?   Yes   No   No   No   No   No   No   No   N					0.64			
25 26 27 28 29 30 31 Was the chlorine residual ever less than the required minimum residual of 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.  GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Title: Operator  Operator Certification #: D-08779  Phone #: (541) 660-3359  OR					0.73			
26 27 28 29 30 31  Was the chlorine residual ever less than the required minimum residual of service as required?   Yes   No hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.  GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required?   Yes   No    Attach those results and submit them with this form.  Printed Name: Matthew Snyder  Signature: Program to be notified by end of next business day.  GWS Serving More Than 3,300  Did continuous monitoring equipment fail at any time this reporting month?   Yes   No    If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?   Yes   No    Attach grab sample results and submit them with this form.  Title: Operator  Operator Certification #: 0 - 08 779  Phone #: (541) 660 - 3357  OR						_		
27 28 29 30 31  Was the chlorine residual ever less than the required minimum residual of 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.  GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No  Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Title: Operator  Operator Certification #: D - 0 8 7 7 9  Signature: Phone #: (541) 660 - 3359  OR					0.47			
28 29 30 31  Was the chlorine residual ever less than the required minimum residual of 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.  GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Title: Operator  Operator Certification #: D-08779  Signature: Phone #: (541) 660-3359  OR					0.5/			
Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours - If > 4 hours, Drinking Water Program to be hour		V	V		0.67			
30 31  Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours — If > 4 hours, Drinking Water Program to be hours — If > 4 hours, Drinking Water Program to					0.19			
Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours — If > 4 hours, Drinking Water Program to be hour								
If yes, what was the longest time period until the required level was restored?    No				/vib:				
If yes, what was the longest time period until the required level was restored?    No								
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No  Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Signature: Phone #: (541) 660-3359  Date continuous monitoring equipment fail at any time this reporting month? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment failed:  // Date it was returned to service:	If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No  Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Signature: Phone #: (541) 660-3359  Date continuous monitoring equipment fail at any time this reporting month? Yes No  If yes, were grab samples collected every four hours until the continuous monitoring equipment failed:  // Date it was returned to service:	GWS Serving 3,300 or Fewer GWS Serving More Than 3.300							
as required? Yes No  Attach those results and submit them with this form.  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No  Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Signature: Phone #: (541) 660-3359  OR				Did continuous monitoring equipment fail at any time this Date continu		Date continuous monitoring		
Attach those results and submit them with this form.    Continuous monitoring equipment was returned to service as required?   Yes   No   No   Service:   Attach grab sample results and submit them with this form.   /							/ /	
required? Yes No service:  Attach grab sample results and submit them with this form.  Printed Name: Matthew Snyder  Signature: Phone #: (541) 660-3359  OR							Date it was returned to	
Printed Name: Matthew Snyder Signature:  Phone #: (541) 660-3359  Attach grab sample results and submit them with this form.  Operator Certification #: D-08779  OR						CONTRACTOR OF THE PROPERTY OF		
Signature: Phone #: (541 ) 660-3359 OR				Attach grab sample results and submit them with this form.				
Signature: Phone #: (541 ) 660-3359 OR	Printed Name: Matthew Snyder Title: operator Operator Certification #: 0-08							
3 2 25	Signature	e: 150/	Son				OR	
Duto, J 1 J 1 Small Grandawater System 1 1 1	Date:	313	25			Small Gr		