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

System Name Sunvidge Estates upper PWSID# 41 - 01555							
Month/Year 6 /25 Entry Poil					quired Minimum Residual 💍 ,20 mg/L		
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	8:00 pm	AA, AB, AC, AD, A	EAF, AG	0.65			
2	1	1		0.72		- 1000 -	
3				8.67			
5				0.51			
6				0.63			
7				0.60	-		
8				0.72			
9				0.46	-		
10				0.44			
11				0.51			
12				0.43			
13	/			0.44			
14				0.63			
15							
	16			2.88			
	17 /			0.79			
	19			0.77	_		
	20			0.77			
21				0.62			
22				0.58			
	23			0.66			
24				0.70			
25				0.65			
26				0.68			
27				0.74			
28				0.74			
29				0.80			
30	A	A		0.64	-		
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.							
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,3		ľ	
If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No				s monitoring equipment fail at any time this th? ☐ Yes ☐ No		Date continuous monitoring equipment failed:	
If yes, were g				ab samples collected every four hours until the			
				ntinuous monitoring equipment was returned to service as		Date it was returned to	
,			required?	equired? Yes No Attach grab sample results and submit them with this form.		service:	
		4 2 5 1 -				1 1	
Printed Name: Matthew Snyder Title: operator					Operator Certification #: P-08779		
Signature: Phone #: (54/) 660-5359						OR	
Date:	Date: 74 (0 / 25					Small Groundwater System	

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