

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

System Name Sunridge Estates

PWS ID# 41-05567

Month/Year 02/21

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	AA, AB, AC, AD	0.51	
2			0.41	
3			0.40	
4			0.41	
5			0.36	
6			0.43	
7			0.49	
8			0.61	
9			0.59	
10			0.67	
11			0.54	
12			0.72	
13			0.67	
14			0.69	
15			0.52	
16			0.55	
17			0.49	
18			0.44	
19			0.31	
20			1.18	
21			0.42	
22			0.39	
23			0.52	
24			0.47	
25			0.41	
26			0.39	
27			0.49	
28			0.57	
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>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 align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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>

Printed Name: <u>Matthew Snyder</u>	Title: <u>operator</u>	Operator Certification #: <u>D-08779</u> OR Small Groundwater System <input type="checkbox"/>
Signature: <u>[Signature]</u>	Phone #: <u>(541) 660-3359</u>	
Date: <u>3/10/21</u>		

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.