

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

System Name Sunridge Estates  
Month/Year 9 / 2021 Entry Point: A

PWS ID# 41-05567

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	0.74	
2			0.91	
3			0.83	
4			0.90	
5			0.85	
6			0.82	
7			0.89	
8			0.81	
9			0.75	
10			0.73	
11			0.71	
12			0.76	
13			0.70	
14			0.69	
15			0.61	
16			0.68	
17			0.69	
18			0.61	
19			0.68	
20			0.69	
21			0.72	
22			0.76	
23			0.61	
24			0.78	
25			0.72	
26			0.72	
27			0.70	
28			0.69	
29			0.70	
30			0.67	
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>	

Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779  
Signature: [Signature] Phone #: (541) 660-3359  
Date: 10/5/21

OR  
Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**