

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

System Name <u>Sunridge Estates</u>	PWS ID# <u>41 05567</u>
Month/Year <u>11 121</u> Entry Point: <u>A</u>	Required Minimum Residual <u>0.20</u> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	<u>8:00 AM</u>	<u>AA, AB, AC, AD</u>	<u>0.50</u>	
2			<u>0.45</u>	
3			<u>0.46</u>	
4			<u>0.46</u>	
5			<u>0.40</u>	
6			<u>0.38</u>	
7			<u>0.32</u>	
8			<u>0.45</u>	
9			<u>0.48</u>	
10			<u>0.39</u>	
11			<u>0.34</u>	
12			<u>0.40</u>	
13			<u>0.54</u>	
14			<u>0.40</u>	
15			<u>0.48</u>	
16			<u>0.42</u>	
17			<u>0.37</u>	
18			<u>0.35</u>	
19			<u>0.40</u>	
20			<u>0.29</u>	
21			<u>0.35</u>	
22			<u>0.28</u>	
23			<u>0.58</u>	
24			<u>0.62</u>	
25			<u>0.53</u>	
26			<u>0.53</u>	
27			<u>0.60</u>	
28			<u>0.52</u>	
29			<u>0.54</u>	
30			<u>0.59</u>	
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>	Title: <u>operator</u>	Operator Certification #: <u>D-08779</u>
Signature: <u>[Signature]</u>	Phone #: <u>(541) 660-3359</u>	OR
Date: <u>12/10/21</u>		Small Groundwater System <input type="checkbox"/>

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