

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

System Name Sunridge Estates Lower
Month/Year 6 / 2022 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	0.51	
2			0.49	
3			0.47	
4			0.48	
5			0.46	
6			0.50	
7			0.51	
8			0.57	
9			0.53	
10			0.54	
11			0.53	
12			0.64	
13			0.50	
14			0.42	
15			0.38	
16			0.30	
17			0.36	
18			0.39	
19			0.38	
20			0.34	
21			0.99	
22			1.00	
23			0.88	
24			0.92	
25			0.98	
26			0.97	
27			1.03	
28			0.87	
29			0.91	
30			0.94	
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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Matthew Snyder Title: operator Operator Certification #: 0-08779
Signature: [Signature] Phone #: (541) 660-3359
Date: 7/9/22 OR
Small Groundwater System

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.