

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

System Name Sunridge Estates Lower  
Month/Year 8/22 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 | AA, AB, AC, AD   | 0.43   |       |
| 2    |      |                  | 0.48   |       |
| 3    |      |                  | 0.43   |       |
| 4    |      |                  | 0.52   |       |
| 5    |      |                  | 0.49   |       |
| 6    |      |                  | 0.48   |       |
| 7    |      |                  | 0.47   |       |
| 8    |      |                  | 0.47   |       |
| 9    |      |                  | 0.43   |       |
| 10   |      |                  | 0.38   |       |
| 11   |      |                  | 0.39   |       |
| 12   |      |                  | 0.59   |       |
| 13   |      |                  | 0.56   |       |
| 14   |      |                  | 0.48   |       |
| 15   |      |                  | 0.50   |       |
| 16   |      |                  | 0.45   |       |
| 17   |      |                  | 0.48   |       |
| 18   |      |                  | 0.49   |       |
| 19   |      |                  | 0.30   |       |
| 20   |      |                  | 0.30   |       |
| 21   |      |                  | 0.27   |       |
| 22   |      |                  | 0.33   |       |
| 23   |      |                  | 0.35   |       |
| 24   |      |                  | 0.36   |       |
| 25   |      |                  | 0.49   |       |
| 26   |      |                  | 0.50   |       |
| 27   |      |                  | 0.51   |       |
| 28   |      |                  | 0.55   |       |
| 29   |      |                  | 0.53   |       |
| 30   |      |                  | 0.57   |       |
| 31   |      |                  | 0.51   |       |

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 OR  
Date: 9/10/22 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.