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

System Name Sunvidge Estates Lower PWSID# 41-05567							
System Name Sunvidge Estates Lower PWSID# 41-05567 Month/Year 5 / 2023 Entry Point: A Required Minimum Residual 0.20 mg/L							
Date	Time	Source(s) i	_	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	8:00 AM	AA, AB, AC, A	0	0.52			
2		· · · · · · · · · · · · · · · · · · ·		0.49			
3				0,43			
4				0.51			
5				0,45			
<u>6</u> 7				0.46			
8	$\overline{}$			0.41			
9				0.48			
10				0.92			
11				0.12			
12				1.12			
13				102			
14				1.18			
15				0.81			
16				0.85			
17				0.60	.		
18	-/			0.77			
19	/			0.55	 		
20	 			0,49			
21 22	 		- ·	0.67			
23	+			0.38			
24				0.51			
25				0.32			
26	_			0.66			
27				A 57			
28				0.40			
29				0.81			
30	V			0.90			
31	V			0.75			
Was the chlorine residual ever less than the required minimum residual of mg/L? Yes X 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.							
		3,300 or Fewer		GWS Serving	GWS Serving More Than 3,300		
If yes, did you monitor every four hours Did c			Did continuous	Did continuous monitoring equipment fail at any time this		Date continuous monitoring	
until the residual returned to mg/L			reporting month? Yes No		•	equipment failed:	
as required?			If yes, were grab samples collected every four he		ur hours until the	1 1	
Attach those results and submit them with			continuous monitoring equipment was returned			Date it was returned to	
this form.			required? Yes No			service:	
				ttach grab sample results and submit them with this form.		1 1	
						r Certification #: D-08779	
Signature: Phone #: (541) 660-3359 OR							
Date: 6 / 10 / 23 Small Groundwater System						roundwater System	