

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

System Name Sunridge Estates Lower  
 Month/Year 1 / 2024 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	<u>8:00 AM</u>	<u>AA, AB, AC, AD</u>	<u>0.75</u>	
2			<u>1.14</u>	
3			<u>1.18</u>	
4			<u>0.85</u>	
5			<u>0.56</u>	
6			<u>0.51</u>	
7			<u>0.69</u>	
8			<u>0.78</u>	
9			<u>0.58</u>	
10			<u>0.51</u>	
11			<u>0.92</u>	
12			<u>0.99</u>	
13			<u>0.93</u>	
14			<u>1.08</u>	
15			<u>1.02</u>	
16			<u>1.13</u>	
17			<u>0.86</u>	
18			<u>0.81</u>	
19			<u>0.85</u>	
20			<u>0.60</u>	
21			<u>0.77</u>	
22			<u>0.58</u>	
23			<u>0.49</u>	
24			<u>0.67</u>	
25			<u>0.57</u>	
26			<u>0.53</u>	
27			<u>0.57</u>	
28			<u>0.66</u>	
29			<u>0.81</u>	
30			<u>0.75</u>	
31			<u>0.79</u>	

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><i>Attach those results and submit them with this form.</i></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><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 #: D-08779  
 Signature: [Signature] Phone #: (541) 660-3359  
 Date: 2 / 6 / 24

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.