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

System Name Survidge Estates Lawer PWS ID# 41 - 05567 Month/Year 5 / 2024 Entry Point: A Required Minimum Residual 0.20 mg/L							
Month/Year 5 / 2024 Entry Point: A					Required Minimum Residual 0.20mg/L		
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	8:00 AW)	AA, AB, AC	AD	0,58			
2				0.73			
3				0.15			
4	$\overline{}$			0.85			
5	+			0.76			
<u>6</u> 7				0,92			
8	 			8.67			
9	 			0.15	<u> </u>		
10	/			0.66			
11	 			0,83		· · · · · · · · · · · · · · · · · · ·	
12	/			0.82			
13				0.76			
14				0.96			
15				0.90			
16			_	0.95			
17				1.10			
18				0.91			
19	 			0,84			
20 21	 			0, 13	- -		
22	- -			0.80			
23	 /-			<u> </u>			
24	 / 	· · · · · · · · · · · · · · · · · · ·	\ 	<u>0.74</u>			
25	/ /		1	1.07			
26				8.96			
27				0.81		··	
28				0.55			
29				0.73			
30				0.81			
31		0.62					
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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						300	
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:	
as required? Yes No			If yes, were grab samples collected every fou		r hours until the	/ /	
Attach those results and submit them with this form.			continuous monitoring equipment was returned required?		ed to service as	Date it was returned to service:	
			Attach grab sample results and submit them		with this form.	/ /	
Printed N	Vame: Mat	hew Snyder	Title: operator		Operator Certification #: D-08779		
Signatur	e: <u>A</u>	Du	Phone #: (541) 660-3359		OR		
Date: 6 / 10 / 24 Small Groundwater Syste						roundwater System	
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Return by 10th of following month by either email <u>dwp.dmce@odhsoha.oregon.gov</u>; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.