

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

System Name Sunridge Estates Lower PWS ID# 41-05567
 Month/Year 7/2024 Entry Point: A 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	0.43	
2			0.31	
3			0.68	
4			1.01	
5			0.85	
6			0.76	
7			0.53	
8			0.76	
9			0.49	
10			0.89	
11			0.40	
12			0.52	
13			0.53	
14			0.93	
15			0.71	
16			0.94	
17			0.88	
18			0.82	
19			0.92	
20			0.76	
21			0.98	
22			1.00	
23			0.72	
24			0.50	
25			0.58	
26			0.57	
27			0.63	
28			0.60	
29			0.71	
30			0.73	
31			0.80	

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>

Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779
 Signature: [Signature] Phone #: (541) 660-3359 OR
 Date: 8/6/24 Small Groundwater System