

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

System Name Sunridge Estates Lower

PWS ID# 41-05567

Month/Year 10/2024 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	0.98	
2			0.93	
3			0.84	
4			0.97	
5			0.86	
6			0.64	
7			1.18	
8			0.67	
9			0.74	
10			0.78	
11			0.76	
12			0.83	
13			0.84	
14			0.72	
15			0.65	
16			0.51	
17			1.08	
18			0.56	
19			1.09	
20			1.05	
21			0.92	
22			0.83	
23			0.84	
24			0.79	
25			0.72	
26			0.60	
27			0.52	
28			0.54	
29			0.63	
30			0.65	
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.

<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>
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Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779  
 Signature: [Signature] Phone #: (541) 660-3359  
 Date: 11/4/24 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.