

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

System Name Sunridge Estates Lower

PWS ID# 41 - 05567

Month/Year 11 / 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	0.60	
2			0.66	
3			0.57	
4			0.65	
5			0.60	
6			0.48	
7			0.39	
8			0.46	
9			0.54	
10			0.42	
11			0.61	
12			0.64	
13			0.49	
14			0.47	
15			0.58	
16			0.53	
17			0.45	
18			0.38	
19			0.42	
20			0.41	
21			0.36	
22			0.48	
23			0.43	
24			0.78	
25			0.51	
26			0.52	
27			0.57	
28			0.45	
29			0.60	
30			0.69	
31				

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>Attach those results and submit them with this form.</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>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 OR
 Date: 12 3 24 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.