

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

System Name Sunridge Estates  
Month/Year 4/21 Entry Point: B

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	8:20 AM	BA, BB, BC, BD, BE, BF, BG	0.83	
2			0.96	
3			0.91	
4			0.80	
5			0.88	
6			0.85	
7			0.76	
8			0.71	
9			0.79	
10			0.65	
11			0.63	
12			0.72	
13			0.69	
14			0.64	
15			0.61	
16			0.54	
17			0.72	
18			0.60	
19			0.65	
20			0.58	
21			0.76	
22			0.71	
23			0.68	
24			0.63	
25			0.62	
26			0.57	
27			0.42	
28			0.59	
29			0.67	
30			0.61	
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><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: <u>Matthew Snyder</u> Signature: <u>[Signature]</u> Date: <u>5/19/21</u>	Title: <u>operator</u> Phone #: <u>(541) 660-3359</u>	Operator Certification #: <u>D-08779</u> OR Small Groundwater System <input type="checkbox"/>
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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.