

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

System Name Sunridge Estates

PWS ID# 41-05567

Month/Year 5/2021 Entry Point: B

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	BA, AB, BC, BD, BE, BF, BG	0.61	
2			0.49	
3			0.52	
4			0.73	
5			0.58	
6			0.69	
7			0.53	
8			0.42	
9			0.37	
10			0.61	
11			0.46	
12			0.27	
13			0.35	
14			0.34	
15			0.52	
16			0.63	
17			0.55	
18			0.31	
19			0.49	
20			0.87	
21			0.68	
22			0.75	
23			0.62	
24			0.36	
25			0.41	
26			0.26	
27			0.91	
28			0.76	
29			0.85	
30			0.54	
31			0.48	

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>
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Printed Name: Matthew Simpler Title: operator Operator Certification #: D-08719
 Signature: [Signature] Phone #: (541) 660-3359 OR
 Date: 6/10/21 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.