

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

System Name Sunridge Estates  
Month/Year 10/2021 Entry Point: B

PWS ID# 4105567  
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	<u>8:00 AM</u>	<u>BA, BB, BC, BD, BE, BF, BG</u>	<u>0.65</u>	
2			<u>0.42</u>	
3			<u>0.51</u>	
4			<u>0.69</u>	
5			<u>0.46</u>	
6			<u>0.51</u>	
7			<u>0.52</u>	
8			<u>0.42</u>	
9			<u>0.37</u>	
10			<u>0.41</u>	
11			<u>0.46</u>	
12			<u>0.56</u>	
13			<u>0.52</u>	
14			<u>0.51</u>	
15			<u>0.36</u>	
16			<u>0.44</u>	
17			<u>0.59</u>	
18			<u>0.39</u>	
19			<u>0.42</u>	
20			<u>0.46</u>	
21			<u>0.46</u>	
22			<u>0.34</u>	
23			<u>0.42</u>	
24			<u>0.46</u>	
25			<u>0.60</u>	
26			<u>0.56</u>	
27			<u>0.48</u>	
28			<u>0.65</u>	
29			<u>0.71</u>	
30			<u>0.63</u>	
31			<u>0.51</u>	

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>	

Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779  
 Signature: [Signature] Phone #: (541) 660-3359  
 Date: 10/10/21

OR  
Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@state.or.us](mailto:dlwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.