

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

System Name Sunridge Estates  
Month/Year 12/2021 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	8:00 am	BA, BB, BC, BD, BE, BF, BG	0.56	
2			0.54	
3			0.67	
4			0.71	
5			0.59	
6			0.53	
7			0.55	
8			0.62	
9			0.64	
10			0.43	
11			0.37	
12			0.42	
13			0.48	
14			0.45	
15			0.38	
16			0.47	
17			0.45	
18			0.48	
19			0.50	
20			0.47	
21			0.46	
22			0.47	
23			0.35	
24			0.39	
25			0.61	
26			0.65	
27			0.50	
28			0.51	
29			0.80	
30			0.62	
31			0.55	

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 OR  
 Date: 11/10/22 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.