

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

System Name Sunridge Estates  
Month/Year 1/22 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	8:00 AM	B A, B B, B C, B D, B E, B F, B G	0.48	
2			0.85	
3			0.54	
4			0.91	
5			0.83	
6			0.70	
7			0.62	
8			0.05	
9			0.66	
10			0.61	
11			0.60	
12			0.62	
13			0.55	
14			0.39	
15			0.45	
16			0.44	
17			0.36	
18			0.28	
19			0.26	
20			0.54	
21			0.69	
22			0.60	
23			0.61	
24			0.57	
25			0.44	
26			0.52	
27			0.56	
28			0.51	
29			0.42	
30			0.40	
31			0.42	

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>Attach those results and submit them with this form.</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>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: 2/9/22 Small Groundwater System

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.