

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

System Name Sunridge Estates upper

PWS ID# 41-01555

Month/Year 5 / 2025 Entry Point: A

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	AA, AB, AC, AD, AE, AF, AG	0.52	
2			0.49	
3			0.76	
4			0.84	
5			0.81	
6			0.86	
7			0.70	
8			0.53	
9			0.67	
10			0.48	
11			0.49	
12			0.64	
13			0.71	
14			0.72	
15			0.95	
16			0.87	
17			0.83	
18			0.92	
19			0.62	
20			0.56	
21			0.64	
22			0.67	
23			0.82	
24			0.73	
25			0.70	
26			0.42	
27			0.58	
28			0.77	
29			0.63	
30			0.52	
31			0.58	

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /
Date it was returned to service:

/ /

Printed Name: Matthew Snyder

Title: operator

Operator Certification #: D-08779

Signature: [Signature]

Phone #: (541) 660-3359

OR

Date: 6/7/25

Small Groundwater System ☐

Return by 10th of following month by either email dlp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019