

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

System Name Sunridge Estates Upper

PWS ID# 41 - 01555

Month/Year 10 / 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	0.54	
2			0.67	
3			0.71	
4			0.59	
5			0.82	
6			0.50	
7			0.47	
8			0.63	
9			0.64	
10			0.56	
11			0.73	
12			0.70	
13			0.77	
14			0.59	
15			0.43	
16			0.39	
17			0.44	
18			0.47	
19			0.89	
20			0.92	
21			0.70	
22			0.85	
23			0.82	
24			0.93	
25			0.67	
26			0.84	
27			0.52	
28			0.60	
29			0.55	
30			0.47	
31			0.82	

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.

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-087A

Signature: [Signature]

Phone #: (541) 660-3359

OR

Date: 11 / 5 / 25

Small Groundwater System ☐

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

August 22, 2019