

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

System Name <u>Sunridge Estates upper</u>			PWS ID# <u>41-01555</u>	
Month/Year <u>11/2025</u>		Entry Point: <u>A</u>	Required Minimum Residual <u>0.20</u> 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>AA,AB,AC,AD,AE,AF,AG</u>	<u>0.53</u>	
2			<u>0.61</u>	
3			<u>0.66</u>	
4			<u>0.48</u>	
5			<u>0.55</u>	
6			<u>0.59</u>	
7			<u>0.83</u>	
8			<u>0.77</u>	
9			<u>0.89</u>	
10			<u>0.93</u>	
11			<u>0.65</u>	
12			<u>0.71</u>	
13			<u>0.68</u>	
14			<u>0.67</u>	
15			<u>0.55</u>	
16			<u>0.42</u>	
17			<u>0.51</u>	
18			<u>0.38</u>	
19			<u>0.33</u>	
20			<u>0.41</u>	
21			<u>0.90</u>	
22			<u>0.82</u>	
23			<u>0.89</u>	
24			<u>0.97</u>	
25			<u>1.02</u>	
26			<u>0.93</u>	
27			<u>0.85</u>	
28			<u>0.71</u>	
29			<u>0.80</u>	
30			<u>0.82</u>	
31				
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.				
<b>GWS Serving 3,300 or Fewer</b> 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 <i>Attach those results and submit them with this form.</i>		<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>		Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: <u>Matthew Smpler</u> Signature: <u>Matthew Smpler</u> Date: <u>12/06/25</u>		Title: <u>operator</u> Phone #: <u>(541) 660-3359</u>		Operator Certification #: <u>D-08779</u> OR Small Groundwater System <input type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.