

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

System Name Sunridge Estates upper

PWS ID# 41 - 01555

Month/Year 12 / 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	<u>8:00 am</u>	<u>AA, AB, AC, AD, AE, AF, AG</u>	<u>0.76</u>	
2			<u>0.83</u>	
3			<u>0.90</u>	
4			<u>0.88</u>	
5			<u>0.79</u>	
6			<u>0.74</u>	
7			<u>0.82</u>	
8			<u>0.97</u>	
9			<u>0.89</u>	
10			<u>0.87</u>	
11			<u>0.63</u>	
12			<u>0.59</u>	
13			<u>0.55</u>	
14			<u>0.62</u>	
15			<u>0.73</u>	
16			<u>0.70</u>	
17			<u>0.65</u>	
18			<u>0.52</u>	
19			<u>0.43</u>	
20			<u>0.32</u>	
21			<u>0.51</u>	
22			<u>0.47</u>	
23			<u>0.68</u>	
24			<u>0.77</u>	
25			<u>0.72</u>	
26			<u>0.84</u>	
27			<u>0.85</u>	
28			<u>0.63</u>	
29			<u>0.72</u>	
30			<u>0.74</u>	
31			<u>0.89</u>	

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

Signature: [Signature]

Phone #: (541) 660-3359

Date: 11/5/26

Operator Certification #: D-08779

OR

Small Groundwater System ☐

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.

August 22, 2019