

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>12/2025</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>0.76</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		GWS Serving More Than 3,300	
<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>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>
<p>Printed Name: <u>Matthew Snyder</u></p> <p>Signature: <u>MD Snyder</u></p> <p>Date: <u>1/5/26</u></p>		<p>Title: <u>operator</u></p> <p>Phone #: <u>(541) 660-3359</u></p> <p>Operator Certification #: <u>D-08779</u></p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>	

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.