

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

System Name Sunridge Estates upper
Month/Year 1/2026 Entry Point: A

PWS ID# 41-01555

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	0.82	
2			0.69	
3			0.77	
4			0.70	
5			0.87	
6			0.84	
7			0.91	
8			0.54	
9			0.58	
10			0.73	
11			0.70	
12			0.69	
13			0.42	
14			0.55	
15			0.61	
16			0.62	
17			0.78	
18			0.85	
19			0.83	
20			0.82	
21			0.93	
22			0.68	
23			0.56	
24			0.64	
25			0.69	
26			0.57	
27			0.45	
28			0.51	
29			0.47	
30			0.48	
31			0.41	

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.

<p>GWS Serving 3,300 or Fewer</p> <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>GWS Serving More Than 3,300</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>
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Printed Name: Matthew Snyder Title: operator Operator Certification #: D-08779
Signature: [Signature] Phone #: (541) 660-3359 OR
Date: 2/9/26 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.