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

System Name Suncidge Estates Lower Month/Year 2 / 2025 Entry Point: A Required Minimum Residual 0 · 20 mg/ Lowest free chlorine	L
Lowast free chloring	
Date Time Source(s) in use residual at entry point to Notes distribution system (mg/L)	
1 8:00 AM AA, AB, AC, AD 0.83	
2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3 0.75	
4 0.83	
5 0.54	
6 0.6	
7 1.08	
8 0.55	
9 / 0,64	
10 0.62	
11 0.61	
12 0.67	
13 0.68	
14	
15 0.91	
16 0.69	
17 0.68	
18 0.66	
19 0.76	
20 0.69	
00	
0.73	
0.61	
0.00	
0.57	
0.57	
28 0.73	
30	
31	
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	
If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to notified by end of next business day.	be
If yes, did you monitor every four hours until the residual returned to mg/L Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitor equipment failed:	ing
as required? Ves No	
If yes, were grab samples collected every four hours until the	
Attach those results and submit them with this form. continuous monitoring equipment was returned to service as required? Yes No Service:	
To an income	
Attach grab sample results and submit them with this form.	
Printed Name: Matthew Snyder Title: Operator Operator Operator Certification #: D-087	179
Signature: Phone #: (541) 660 - 3359 OR	
Date: 3 / 3 / 25	