

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

System Name Sunridge Estates Lower

PWS ID# 41 - 05567

Month/Year 3 / 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	8:00 AM	AA, AB, AC, AD	0.69	
2			0.66	
3			0.59	
4			0.69	
5			0.72	
6			0.57	
7			0.63	
8			0.52	
9			0.51	
10			0.60	
11			0.55	
12			0.85	
13			0.64	
14			0.57	
15			0.60	
16			0.47	
17			0.52	
18			0.58	
19			0.64	
20			0.71	
21			0.62	
22			0.64	
23			0.80	
24			0.86	
25			0.94	
26			0.91	
27			0.65	
28			0.77	
29			0.80	
30			0.83	
31			0.84	

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?  
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

**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: 4 / 9 / 25

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