

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

System Name Sunridge Estates Lower PWS ID# 41-05567  
 Month/Year 5 / 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	0.72	
2			1.08	
3			0.57	
4			0.74	
5			0.81	
6			0.63	
7			0.65	
8			0.76	
9			0.85	
10			0.63	
11			0.76	
12			0.49	
13			0.48	
14			0.65	
15			0.68	
16			1.01	
17			0.63	
18			0.75	
19			0.80	
20			0.59	
21			0.63	
22			0.92	
23			1.04	
24			1.13	
25			0.82	
26			0.71	
27			0.54	
28			0.48	
29			0.53	
30			0.58	
31			0.47	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 Smyler Title: operator Operator Certification #: D-08779  
 Signature: [Signature] Phone #: (541) 660-3359 OR  
 Date: 6/7/2025 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.