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

System Name Survidge Estates Lower PWSID# 41-05567							
Month/Year 8 / 2025 Entry Point: A Required Minimum Residual 0. 20 mg/L							
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
1	8:00 pm	AA, AB, AC, AD)	18.0			
2		1		0.76			
3				0.73			
4				D.65			
5				0.58			
6				0.6			
7				0.68			
8				0.67			
9				0.52			
10				0.73			
11				0.84			
12				0.81			
13 14				0.88			
15				0.72			
16				0./1			
17				0.80			
18							
19				0.62			
20				0.75		-15 ²	
21				0.92			
22				0.96			
23				0.98			
24				1.04			
25				1.12			
26				0.84			
27				0.80			
28		19, 1		0.69			
29				0.78			
30	1			0.81			
31 83							
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			
						Date continuous monitoring equipment failed:	
as required? Yes No			If yes, were grab samples collected every four hours unti			1 1	
Attach	those results a	and submit them with	continuous monitoring equipment was returned to service			Date it was returned to	
this form.			required? Yes No			service:	
			Attach grab sample results and submit them with this for		with this form.	1 1	
Printed Name: Mathew Snyder Title: Perator Operator Certification #: D-							
Signature: Phone #: (54/) 660-3559 OR							
Date:	Date: 9/9/25					Small Groundwater System	