

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

System Name Sunridge Estates Lower

PWS ID# 41 - 05567

Month/Year 9 / 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	8:20 AM	At, AB, AC, AD	0.77	
2			0.82	
3			0.95	
4			0.97	
5			0.88	
6			0.70	
7			0.75	
8			0.73	
9			0.68	
10			0.51	
11			0.65	
12			0.70	
13			0.58	
14			0.63	
15			0.49	
16			0.66	
17			0.73	
18			0.92	
19			0.91	
20			1.04	
21			1.13	
22			0.93	
23			0.87	
24			0.91	
25			0.77	
26			0.84	
27			0.76	
28			0.65	
29			0.70	
30			0.62	
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?
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: MS

Phone #: (541) 660-3359

Date: 10 / 10 / 25

Operator Certification #: D-08779

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwpmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019