

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

System Name Sunridge Estates Lower PWS ID# 41-05567
 Month/Year 10 / 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 | 0.57 | |
| 2 | | | 0.62 | |
| 3 | | | 0.89 | |
| 4 | | | 0.95 | |
| 5 | | | 1.03 | |
| 6 | | | 0.96 | |
| 7 | | | 0.92 | |
| 8 | | | 0.85 | |
| 9 | | | 0.93 | |
| 10 | | | 0.93 | |
| 11 | | | 0.78 | |
| 12 | | | 0.91 | |
| 13 | | | 0.84 | |
| 14 | | | 0.62 | |
| 15 | | | 0.57 | |
| 16 | | | 0.82 | |
| 17 | | | 0.77 | |
| 18 | | | 0.51 | |
| 19 | | | 0.50 | |
| 20 | | | 0.46 | |
| 21 | | | 0.73 | |
| 22 | | | 0.75 | |
| 23 | | | 0.68 | |
| 24 | | | 0.81 | |
| 25 | | | 0.90 | |
| 26 | | | 0.85 | |
| 27 | | | 0.82 | |
| 28 | | | 0.88 | |
| 29 | | | 0.74 | |
| 30 | | | 0.83 | |
| 31 | | | 0.79 | |

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

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

Signature: [Signature]

Date: 11 / 5 / 25

Title: operator

Phone #: (541) 660-3359

Operator Certification #: D-08779

OR

Small Groundwater System ☐

Return by 10th of following month by either email 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