

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

System Name Sunridge Estates Lower

PWS ID# 41-05567

Month/Year 12 / 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 | <u>8:00 AM</u> | <u>AA, AB, AC, AD</u> | <u>0.57</u> | |
| 2 | | | <u>0.58</u> | |
| 3 | | | <u>0.60</u> | |
| 4 | | | <u>0.71</u> | |
| 5 | | | <u>0.62</u> | |
| 6 | | | <u>0.58</u> | |
| 7 | | | <u>0.51</u> | |
| 8 | | | <u>0.74</u> | |
| 9 | | | <u>0.79</u> | |
| 10 | | | <u>0.66</u> | |
| 11 | | | <u>0.84</u> | |
| 12 | | | <u>0.76</u> | |
| 13 | | | <u>0.77</u> | |
| 14 | | | <u>0.82</u> | |
| 15 | | | <u>0.73</u> | |
| 16 | | | <u>0.60</u> | |
| 17 | | | <u>0.66</u> | |
| 18 | | | <u>0.91</u> | |
| 19 | | | <u>0.84</u> | |
| 20 | | | <u>1.02</u> | |
| 21 | | | <u>0.93</u> | |
| 22 | | | <u>0.98</u> | |
| 23 | | | <u>1.13</u> | |
| 24 | | | <u>1.06</u> | |
| 25 | | | <u>1.01</u> | |
| 26 | | | <u>0.85</u> | |
| 27 | | | <u>0.92</u> | |
| 28 | | | <u>0.77</u> | |
| 29 | | | <u>0.89</u> | |
| 30 | | | <u>0.93</u> | |
| 31 | | | <u>0.84</u> | |

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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p> | <p>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p> | <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> |
|---|---|---|

| | | |
|---|--|---|
| Printed Name: <u>Matthew Smpler</u> Signature: <u>[Signature]</u> Date: <u>115 / 26</u> | Title: <u>operator</u> Phone #: <u>(541) 660-3359</u> | Operator Certification #: <u>D-08779</u> OR Small Groundwater System <input type="checkbox"/> |
|---|--|---|

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.