

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

System Name City of Independence

PWS ID# 4 1 00399

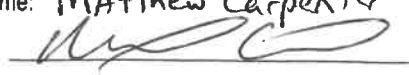
Month/Year 4 / 24 Entry Point: EP-B

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:10 pm	All water source	.53 mg/l	NR
2	7:49 pm	All water source	.54 mg/l	NR
3	8:40 pm	All water source	.47 mg/l	NR
4	8:21 pm	All water source	.52 mg/l	NR
5	6:04 am	All water source	.50 mg/L	NE
6	10:01 am	All water source	.46 mg/L	NE
7	9:19 am	All water source	.46 mg/L	SH
8	11:45 am	All water source	.51 mg/L	NR
9	8:26 pm	All water source	.50 mg/L	NR
10	7:41 pm	All water source	.51 mg/L	NR
11	10:59 am	All water source	.49 mg/L	SH
12	8:04 am	All water source	.51 mg/L	MC
13	9:16 am	All water source	.48 mg/L	MC
14	9:06 am	All water source	.51 mg/L	NR
15	7:15 am	All water source	.49 mg/L	NR
16	6:52 am	All water source	.52 mg/L	NR
17	8:22 pm	All water source	.49 mg/L	NR
18	6:28 pm	All water source	.52 mg/L	NR
19	9:21 am	All water source	.49 mg/L	TG
20	8:59 am	All water source	.51 mg/L	TG
21	3:43 am	All water source	.55 mg/L	NR
22	10:21 pm	All water source	.52 mg/L	NR
23	7:27 am	All water source	.54 mg/L	NR
24	2:23 am	All water source	.55 mg/L	SH
25	6:37 pm	All water source	.54 mg/L	SH
26	8:20 pm	All water source	.55 mg/L	SR
27	5:13 pm	All water source	.52 mg/L	SR
28	2:05 am	All water source	.50 mg/L	NR
29	3:25 pm	All water source	.56 mg/L	NR
30	9:09 pm	All water source	.47 mg/L	NR
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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>Attach those results and submit them with this form.</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 checked="" 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 Carpenter	Title: Water DRC	Operator Certification #: 6621
Signature: 	Phone #: (503) 932-6204	OR
Date: 5 / 1 / 2024		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@dhsosha.state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.