

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 5 / 2023 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 | 3:30 pm | Polk well #1 | .59 mg/L | |
| 2 | 7:22 pm | Polk well #1 | .56 mg/L | |
| 3 | | off | | |
| 4 | 5:44 pm | Polk well #1 | .57 mg/L | |
| 5 | 5:56 am | Polk well #1 | .55 mg/L | |
| 6 | 6:07 AM | Polk well #1 | .63 mg/L | |
| 7 | 6:54 AM | Polk well #1 | .61 mg/L | |
| 8 | | off | | |
| 9 | 7:42 AM | Polk well #1 | .65 mg/L | |
| 10 | 4:55 am | Polk well #1 | .77 mg/L | |
| 11 | 5:21 am | Polk well #1 | .68 mg/L | |
| 12 | 6:36 AM | Polk well #1 | .67 mg/L | |
| 13 | 6:52 AM | Polk well #1 | .66 mg/L | |
| 14 | 7:05 AM | Polk well #1 | .63 mg/L | |
| 15 | 11:55 AM | Polk well #1 | .70 mg/L | |
| 16 | 6:52 AM | Polk well #1 | .57 mg/L | |
| 17 | 4:43 AM | Polk well #1 | .62 mg/L | |
| 18 | 8:16 AM | Polk well #1 | .59 mg/L | |
| 19 | 7:32 AM | Polk well #1 | .61 mg/L | |
| 20 | 6:41 AM | Polk well #1 | .62 mg/L | |
| 21 | 5:04 AM | Polk well #1 | .65 mg/L | |
| 22 | 1:57 AM | Polk well #1 | .59 mg/L | |
| 23 | 1:39 P.M. | Polk well #1 | .61 mg/L | |
| 24 | 6:07 AM | Polk well #1 | .73 mg/L | |
| 25 | 3:29 AM | Polk well #1 | .70 mg/L | |
| 26 | 2:35 AM | Polk well #1 | .76 mg/L | |
| 27 | 12:47 AM | Polk well #1 | .77 mg/L | |
| 28 | 5:04 A.M. | Polk well #1 | .69 mg/L | |
| 29 | 4:06 AM | Polk well #1 | .70 mg/L | |
| 30 | 7:29 AM | Polk well #1 | .77 mg/L | |
| 31 | 3:29 AM | Polk well #1 | .76 mg/L | |

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> |
|--|---|---|

Printed Name: Matthew Carpenter Title: Water DRC Operator Certification #: 6621
 Signature: [Signature] Phone #: (503) 838-4781 OR
 Date: 6/1/2023 Small Groundwater System

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.