

**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 July / 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	4:22 am	POIK well #1	.56 mg/L	
2	4:12 am	POIK well #1	.57 mg/L	
3	4:11 am	POIK well #1	.47 mg/L	
4	4:04 am	POIK well #1	.48 mg/L	
5	4:04 am	POIK well #1	.44 mg/L	
6	4:43 a.m.	POIK well #1	.50 mg/L	CT
7	6:40 a.m.	POIK well #1	.51 mg/L	CT
8	8:48 a.m.	POIK well #1	.49 mg/L	CT
9	8:57 am	POIK well #1	.50 mg/L	
10	7:07 am	POIK well #1	.51 mg/L	
11	4:11 am	POIK well #1	.48 mg/L	
12	3:31 am	POIK well #1	.52 mg/L	
13	5:59 am	POIK well #1	.51 mg/L	
14	2:36 am	POIK well #1	.50 mg/L	
15	2:19 am	POIK well #1	.54 mg/L	
16	2:38 am	POIK well #1	.48 mg/L	
17	12:18 am	POIK well #1	.52 mg/L	
18	3:38 am	POIK well #1	.59 mg/L	
19	3:46 pm	POIK well #1	.61 mg/L	
20	2:35 am	POIK well #1	.51 mg/L	
21	12:47 am	POIK well #1	.45 mg/L	
22	12:40 am	POIK well #1	.54 mg/L	
23	1:02 am	POIK well #1	.52 mg/L	
24	3:46 pm	POIK well #1	.43 mg/L	
25	1:26 am	POIK well #1	.47 mg/L	
26	6:17 am	POIK well #1	.47 mg/L	
27	3:25 am	POIK well #1	.42 mg/L	
28	2:12 am	POIK well #1	.49 mg/L	
29	3:20 am	POIK well #1	.55 mg/L	
30	12:14 am	POIK well #1	.59 mg/L	
31	4:08 am	POIK well #1	.50 mg/L	

Was the chlorine residual ever less than the required minimum residual of 0.2 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) 932-6204 OR
 Date: 8/1/2023 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.