

**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 Oct / 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	9:05 am	All water source	.64 mg/L	
2	1:43 am	All water source	.70 mg/L	
3	7:13 am	All water source	.73 mg/L	
4	9:11 AM	All water source	.72 mg/L	
5	7:27 PM	All water source	.77 mg/L	
6	7:16 AM	All water source	.75 mg/L	
7	9:12 AM	All water source	.75 mg/L	
8	9:31 AM	All water source	.74 mg/L	
9	6:38 AM	All water source	.76 mg/L	
10	10:10 AM	All water source	.69 mg/L	
11	10:02 AM	All water source	.74 mg/L	
12	11:28 AM	All water source	.69 mg/L	
13	3:20 am	All water source	.68 mg/L	
14	7:06 am	All water source	.79 mg/L	
15	9:39 am	All water source	.76 mg/L	
16	6:08 AM	All water source	.71 mg/L	
17	1:31 PM	All water source	.71 mg/L	
18	12:46 pm	All water source	.72 mg/L	
19	—	off	—	
20	2:45 pm	All water source	.66 mg/L	
21	1:00 PM	All water source	.68 mg/L	
22	9:33 AM	All water source	.73 mg/L	
23	7:05 AM	All water source	.67 mg/L	
24	7:03 PM	All water source	.63 mg/L	
25	6:38 PM	All water source	.65 mg/L	
26	5:41 AM	All water source	.68 mg/L	
27	—	off	—	
28	10:02 AM	All water source	.70 mg/L	
29	9:26 AM	All water source	.68 mg/L	
30	6:43 AM	All water source	.66 mg/L	
31	9:29 AM	All water source	.84 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>
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Printed Name: <u>Matthew Carpenter</u>	Title: <u>Water DAC</u>	Operator Certification #: <u>6621</u>
Signature: 	Phone #: <u>(503) 932-6204</u>	OR
Date: <u>11/6/2023</u>		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.