

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

System Name City of Independence

PWS ID# 4 1 00399

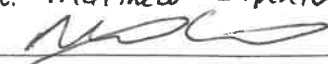
Month/Year Nov 2023 Entry Point: EP-B

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	1:44 AM	All water source	.74 mg/L	
2	—	off		
3	—	off		
4	9:51 AM	All water source	.57 mg/L	
5	8:33 AM	All water source	.76 mg/L	
6	11:33 AM	All water source	.79 mg/L	
7	7:27 PM	All water source	.83 mg/L	
8	6:06 AM	All water source	.88 mg/L	
9	5:42 PM	All water source	.92 mg/L	
10	11:59 AM	All water source	.64 mg/L	
11	10:14 AM	All water source	.55 mg/L	
12	10:05 AM	All water source	.78 mg/L	
13	5:42 AM	All water source	.93 mg/L	
14	6:56 AM	All water source	.74 mg/L	
15	9:57 AM	All water source	.82 mg/L	
16	1:06 AM	All water source	.87 mg/L	
17	8:27 PM	All water source	.72 mg/L	
18	9:03 AM	All water source	.65 mg/L	
19	9:43 AM	All water source	.89 mg/L	
20	10:31 PM	All water source	.74 mg/L	
21	11:59 A.M.	All water source	.79 mg/L	
22	9:09 P.M.	All water source	.76 mg/L	
23	12:29 AM	All water source	.70 mg/L	
24	2:59 AM	All water source	.76 mg/L	
25	12:58 AM	All water source	.73 mg/L	
26	4:55 A.M.	All water source	.74 mg/L	
27	6:58 PM	All water source	.68 mg/L	
28	7:19 PM	All water source	.65 mg/L	
29	5:59 PM	All water source	.70 mg/L	
30	9:08 PM	All water source	.71 mg/L	
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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 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 ORC</u>	Operator Certification #: <u>6621</u>
Signature: 	Phone #: (503) 932- <u>6204</u>	OR
Date: <u>12/4/2023</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.