

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

System Name City of Independence

PWS ID# 4 1 00399

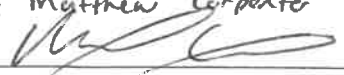
Month/Year Dec-1 2023 Entry Point: EP-B

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	6:30pm	All Water Sources	.66 mg/L	
2	7:23AM	All water Sources	.67mg/L	
3	5:55am	All water Source	.70mg/L	
4	8:22AM	All Water Source	.70 mg/L	
5	2:49AM	All water source	.91 mg/L	
6	10:13AM	All Water Source	.71 mg/L	
7	5:09 pm	All Water Source	.74 mg/L	
8	8:38AM	All water source	.68 mg/L	
9	5:47AM	All water source	.66 mg/L	
10	10:12am	All water source	.57mg/L	
11	2:58AM	All water source	.63mg/L	
12	8:41AM	All water source	.58mg/L	
13	10:28PM	All water Source	.47mg/L	
14	9:44AM	All Water Source	.43 mg/L	
15	10:24AM	All water Source	.36 mg/L	
16	8:32am	All Water Source	.37 mg/L	
17	7:59AM	All Water Source	.38 mg/L	
18	12:27AM	All Water Source	.38 mg/L	
19	2:24PM	All water Source	.58mg/L	
20	11:25pm	All water source	.48mg/L	
21	10:30AM	All water source	.42mg/L	
22	7:19 AM	All water Source	.52 mg/L	
23	9:16AM	All water Source	.59 mg/L	
24	9:43AM	All water source	.77 mg/L	
25	8:22AM	All Water Source	.70 mg/L	
26	8:27AM	All water Source	.64 mg/L	
27	6:12pm	All water Source	.44 mg/L	
28	6:52pm	All Water Source	.34 mg/L	
29	9:18AM	All Water Source	.35 mg/L	
30	11:43AM	All Water Source	.42 mg/L	
31	12:06PM	All Water Source	.45 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 checked="" 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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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<p>Printed Name: <u>Matthew Carpenter</u></p> <p>Signature: <u></u></p> <p>Date: <u>11/21/2024</u></p>	<p>Title: <u>Water ORE</u></p> <p>Phone #: <u>(503) 932-6204</u></p>	<p>Operator Certification #: <u>6621</u></p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.