

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

System Name City of Independence PWS ID# 41 00399
 Month/Year Feb / 2024 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	11:27 AM	All water source	.76 mg/L	
2	9:04 AM	All water source	.67 mg/L	
3	7:37 AM	All water source	.73 mg/L	
4	7:34 AM	All water source	.73 mg/L	
5	6:26 AM	All water source	.82 mg/L	
6	3:47 AM	All water source	.80 mg/L	
7	8:06 AM	All water source	.63 mg/L	
8	7:42 AM	All water source	.47 mg/L	
9	8:02 AM	All water source	.54 mg/L	
10	6:45 PM	All water sources	.47 mg/L	
11	8:15 AM	All water source	.51 mg/L	
12	7:25 PM	All water source	.44 mg/L	
13	12:06 AM	All water source	.41 mg/L	
14	7:53 PM	All water source	.42 mg/L	
15	6:57 AM	All water source	.48 mg/L	
16	6:32 AM	All water source	.45 mg/L	
17	3:27 PM	All water source	.49 mg/L	
18	8:19 AM	All water source	.45 mg/L	
19	3:42 AM	All water source	.52 mg/L	
20	7:11 PM	All water source	.53 mg/L	
21	9:10 AM	All water source	.53 mg/L	
22	1:49 PM	All water source	.52 mg/L	
23	8:33 PM	All water source	.49 mg/L	
24	7:48 PM	All water source	.58 mg/L	
25	9:20 AM	All water source	.58 mg/L	
26	8:10 AM	All water source	.61 mg/L	
27	4:40 AM	All water source	.60 mg/L	
28	8:21 AM	All water source	.50 mg/L	
29	11:43 PM	All water source	.47 mg/L	
30				
31				

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: Matthew Carpenter Title: Water ORC Operator Certification #: 6621
 Signature: [Signature] Phone #: (503) 932-6204 OR
 Date: 3/1/24 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.