

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

System Name City of Independence

PWS ID# 41 00399

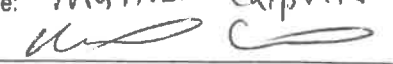
Month/Year 3 124 Entry Point: EP-B

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	10:25 AM	All source water	.47 mg/L	CT
2	9:21 AM	All source water	.69 mg/L	CT
3	9:39 AM	All source water	.67 mg/L	MC
4	6:55 AM	All source water	.53 mg/L	MC
5	10:41 AM	All source water	.49 mg/L	CT
6	9:08 AM	All source water	.43 mg/L	MC
7	5:16 PM	All water source	.62 mg/L	SH
8	5:54 AM	All water source	.59 mg/L	SH
9	2:51 PM	All water source	.49 mg/L	SH
10	10:12 AM	All water source	.46 mg/L	SH
11	10:23 PM	All water source	.65 mg/L	SH
12	9:36 AM	All water source	.35 mg/L	SH
13	9:04 AM	All water source	.66 mg/L	SH
14	12:09 PM	All water source	.65 mg/L	MC
15	9:16 AM	All water source	.40 mg/L	JR
16	9:18 AM	All water source	.40 mg/L	SH
17	9:37 AM	All water source	.56 mg/L	SH
18	10:39 AM	All water source	.57 mg/L	SH
19	8:02 AM	All water source	.57 mg/L	SH
20	9:40 AM	All water source	.55 mg/L	SH
21	4:03 PM	All water source	.63 mg/L	TG
22	5:37 PM	All water source	.53 mg/L	SH
23	9:01 PM	All water source	.46 mg/L	SH
24	11:23 AM	All water source	.34 mg/L	SH
25	11:04 AM	All water source	.54 mg/L	TG
26	9:56 AM	All water source	.39 mg/L	NR
27	10:36 AM	All water source	.42 mg/L	NR
28	11:00 AM	All water source	.30 mg/L	SH
29	7:17 AM	All water source	.50 mg/L	AW
30	7:30 AM	All water source	.53 mg/L	AW
31	7:36 AM	All water source	.53 mg/L	SH

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>	

Printed Name: Matthew Carpenter Title: Water DRC Operator Certification #: 6621
 Signature:  Phone #: (503) 932-6204 OR
 Date: 4/1/2024 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.