

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 5 / 24 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	7:41 AM	All water source	.58 mg/L	NR
2	5:39 pm	All water source	.59 mg/L	NR
3	5:47 pm	All water source	.57 mg/L	NR
4	1:14 AM	All water source	.56 mg/L	NR
5	8:25 AM	All water source	.59 mg/L	NR
6	4:11 pm	All water source	.57 mg/L	NR
7	10:31 AM	All water source	.55 mg/L	NR
8	12:25 pm	All water source	.58 mg/L	NR
9	2:39 AM	All Water Source	.56 mg/L	SH
10	6:34 AM	All water source	.54 mg/L	SH
11	5:50 AM	All water source	.56 mg/L	SH
12	7:43 AM	All water source	.55 mg/L	NR
13	7:15 AM	All water source	.55 mg/L	NR
14	6:09 AM	All water source	.71 mg/L	NR
15	9:14 AM	All water source	.72 mg/L	NR
16	3:31 AM	All water source	.76 mg/L	NR
17	5:07 AM	All water source	.74 mg/L	CT
18	7:28 AM	All water source	.69 mg/L	CT
19	12:33 AM	All water source	.73 mg/L	NR
20	1:23 AM	All water source	.73 mg/L	NE
21	3:07 AM	All water source	.74 mg/L	CT
22	2:37 AM	All water source	.77 mg/L	SH
23	8:53 AM	All water source	.80 mg/L	CT
24	10:38 am	All Water Source	.76 mg/L	AW
25	7:44 am	All Water Source	.77 mg/L	AW
26	4:19 am	All Water Source	.75 mg/L	AW
27	4:16 AM	All water source	.75 mg/L	NR
28	4:24 AM	All water source	.77 mg/L	NR
29	2:44 AM	All water source	.75 mg/L	NR
30	2:10 AM	All water source	.75 mg/L	NR
31	4:23 AM	All water source	.72 mg/L	NE

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 DRC</u> Signature: <u>[Signature]</u> Phone #: <u>(503) 932-6204</u> Date: <u>6/3/2024</u>	Operator Certification #: <u>6621</u> OR Small Groundwater System <input type="checkbox"/>
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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.