

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 6 1 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	5:00 AM	All water source	.76 mg/L	NR
2	6:56 AM	All water source	.75 mg/L	LIR
3	1:27 AM	All water source	.73 mg/L	LIR
4	1:58 AM	All water source	.71 mg/L	LIR
5	2:41 AM	All water source	.74 mg/L	LIR
6	4:29 AM	All water source	.77 mg/L	SH
7	5:01 AM	All water source	.81 mg/L	MC
8	3:42 PM	All water source	.74 mg/L	MC
9	10:14 AM	All water source	.76 mg/L	NR
10	10:16 AM	All water source	.75 mg/L	LIR
11	8:24 PM	All water source	.72 mg/L	LIR
12	8:42 PM	All water source	.70 mg/L	LIR
13	6:07 PM	All water source	.68 mg/L	NR
14	7:41 AM	All water source	.72 mg/L	CT
15	6:33 AM	All water source	.65 mg/L	CT
16	2:17 PM	All water source	.72 mg/L	LIR
17	3:58 AM	All water source	.75 mg/L	LIR
18	3:48 AM	All water source	.74 mg/L	LIR
19	12:58 AM	All water source	.85 mg/L	LIR
20	11:26 AM	All water source	.76 mg/L	CT
21	7:25 AM	All water source	.71 mg/L	TG
22	3:05 AM	All water source	.73 mg/L	TG
23	8:27 PM	All water source	.61 mg/L	LIR
24	5:29 PM	All water source	.73 mg/L	NR
25	3:51 AM	All water source	.69 mg/L	LIR
26	2:20 AM	All water source	.67 mg/L	LIR
27	3:35 PM	All water source	.69 mg/L	LIR
28	6:40 AM	All water sources	.62 mg/L	AW
29	11:49 PM	All water source	.61 mg/L	AW
30	6:35 AM	All water source	.66 mg/L	NR
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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 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 DRC Operator Certification #: 6621
 Signature: [Signature] Phone #: (503) 932-6284 OR
 Date: 7/11/2024 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.