

**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 07 124 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	1:02 AM	All water source	.64 mg/L	NIR
2	1:06 AM	All water source	.62 mg/L	NIR
3	4:02 P	all water source	.61 mg/L	SH
4	3:58 am	all water source	.66 mg/L	SH
5	3:02 am	all water source	.63 mg/L	SH
6	3:49 am	All water source	.75 mg/L	SH
7	3:49 am	All water source	.75 mg/L	NIR
8	3:00 AM	All water source	.60 mg/L	NIR
9	3:32 AM	All water source	.56 mg/L	NIR
10	4:06 AM	All water source	.54 mg/L	NIR
11	3:33 AM	All water source	.70 mg/L	NIR
12	5:11 AM	All water source	.56 mg/L	NIR
13	4:21 AM	All water source	.68 mg/L	NIR
14	5:46 AM	All water source	.68 mg/L	NIR
15	4:49 AM	All water source	.65 mg/L	MC
16	4:31 AM	All water source	.65 mg/L	NIR
17	4:25 AM	All water source	.60 mg/L	SH
18	3:43 AM	All water source	.52 mg/L	SH
19	4:35 AM	All water source	.61 mg/L	SH
20	12:39 AM	All water source	.69 mg/L	SH
21	6:01 AM	All water source	.66 mg/L	NIR
22	4:08 AM	All water source	.60 mg/L	NIR
23	3:44 PM	All water source	.50 mg/L	NIR
24	3:24 AM	All water source	.48 mg/L	NIR
25	2:12 AM	All water source	.51 mg/L	NIR
26	2:16 AM	All water source	.52 mg/L	NF
27	4:53 AM	All water source	.54 mg/L	NE
28	1:17 AM	All water source	.49 mg/L	NIR
29	8:48 PM	All water source	.48 mg/L	NIR
30	4:00 PM	All water source	.49 mg/L	NIR
31	11:54 AM	All water source	.57 mg/L	CT

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><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>        </u> 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><b>GWS Serving More Than 3,300</b></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: <u>    </u> / <u>    </u> / <u>    </u></p> <p>Date it was returned to service: <u>    </u> / <u>    </u> / <u>    </u></p>
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Printed Name: Matthew Carpenter Title: Water DRC Operator Certification #: 6621  
 Signature: [Signature] Phone #: (503) 932-6204 OR  
 Date: 8/11/2024 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@dhsosha.state.or.us](mailto:dwp.dmce@dhsosha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.