

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

System Name City of Independence

PWS ID# 4 1 00399

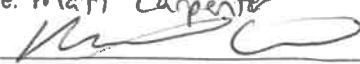
Month/Year 08 1 24 Entry Point: EP-B

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	12:28am	All Source water	.63 mg/L	mc
2	3:52am	All Source water	.61 mg/L	mc
3	4:45am	All Source water	.63 mg/L	mc
4	4:54AM	All Source water	.59 mg/L	NR
5	2:44AM	All Source water	.67 mg/L	NR
6	3:51 AM	All source water	.49 mg/L	NR
7	1:27 PM	All source water	.56 mg/L	NR
8	5:42 PM	All Source Water	.65 mg/L	TG
9	12:16 AM	All Source water	.68 mg/L	TG
10	3:38 AM	All Source Water	.69 mg/L	TG
11	3:51 AM	All Source water	.64 mg/L	NR
12	2:23 AM	All Source water	.51 mg/L	NR
13	5:01 AM	All Source water	.57 mg/L	NR
14	12:12 AM	All Source water	.57 mg/L	NR
15	9:33 A.M.	All source water	.58 mg/L	CT
16	1:15pm	All Source water	.50 mg/L	AW
17	7:22pm	All Source Water	.52 mg/L	AW
18	9:46 PM	All Source water	.59 mg/L	NR
19	8:26 AM	All Source Water	.56 mg/L	TG
20	5:49 AM	All Source water	.55 mg/L	NR
21	6:3am	All Source water	.48 mg/L	SH
22	8:01 AM	All Source water	.52 mg/L	NR
23	4:01 PM	All Source water	.59 mg/L	NR
24	1:15 AM	All Source water	.61 mg/L	NR
25	11:17 PM	All Source water	.56 mg/L	NR
26	3:55 PM	All Source water	.52 mg/L	SH
27	11:14 AM	All Source water	.53 mg/L	NR
28	7:20 AM	All Source water	.58 mg/L	SH
29	6:31 AM	All Source water	.57 mg/L	SR
30	12:57 P.M.	All Source water	.56 mg/L	CT
31	3:46 AM	All source water	.51 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>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: Matt Carpenter	Title: Water DRC	Operator Certification #: 6621
Signature: 	Phone #: (503) 932-6204	OR
Date: 9 13 1 2024		Small Groundwater System <input type="checkbox"/>

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.