

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 09/24 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	12:20 P.M.	All source water	.59 mg/L	CT
2	7:04 AM	All source water	.52 mg/L	NR
3	6:49 PM	All source water	.56 mg/L	NR
4	7:22 PM	All source water	.53 mg/L	NR
5	4:46 AM	All source water	.51 mg/L	NR
6	5:00 AM	All source water	.57 mg/L	CU
7	4:20 AM	All source water	.54 mg/L	CU
8	12:32 PM	All source water	.55 mg/L	NE
9	3:44 PM	All source water	.52 mg/L	NE
10	1:06 PM	All source water	.51 mg/L	NR
11	4:24 PM	All source water	.49 mg/L	SH
12	8:34 PM	All source water	.52 mg/L	CT
13	12:49 P.M.	All source water	.57 mg/L	JR
14	8:59 AM	All source water	.61 mg/L	SR
15	12:16 AM	All source water	.61 mg/L	NR
16	7:13 AM	All source water	.55 mg/L	NR
17	4:15 AM	All source water	.54 mg/L	TG
18	12:46 AM	All source water	.61 mg/L	NR
19	4:47 PM	All source water	.56 mg/L	NR
20	12:51 AM	All source water	.61 mg/L	NR
21	6:08 AM	All source water	.60 mg/L	NR
22	6:03 AM	All source water	.62 mg/L	NR
23	5:20 AM	All source water	.51 mg/L	SH
24	2:03 PM	All source water	.58 mg/L	SH
25	7:21 AM	All source water	.52 mg/L	SH
26	11:52 AM	All source water	.59 mg/L	SH
27	4:31 AM	All source water	.62 mg/L	SH
28	9:14 AM	All source water	.60 mg/L	SH
29	6:27 AM	All source water	.60 mg/L	NR
30	5:22 AM	All source water	.52 mg/L	SH
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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:	Phone #: (503) 932-6204	OR
Date: 10/2/2024		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.