

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

System Name City of Independence

PWS ID# 41 00399


Month/Year 10 / 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	5:41 AM	All Source water	.58 mg/L	NR
2	4:32 AM	All Source water	.62 mg/L	NR
3	4:08 AM	All Source water	.60 mg/L	NR
4	3:30 AM	All Source Water	.64 mg/L	TG
5	3:12 AM	All Source Water	.60 mg/L	TG
6	2:10 AM	All Source Water	.65 mg/L	TG
7	11:26 AM	All Source Water	.60 mg/L	SH
8	11:44 AM	All Source Water	.62 mg/L	SH
9	5:54 AM	All Source Water	.62 mg/L	SH
10	4:09 AM	All Source Water	.60 mg/L	SH
11	10:29 am	All Source Water	.63	AW
12	7:49 am	All Source Water	.62	AW
13	10:07 AM	All Source water	.62 mg/L	NR
14	4:55 AM	All Source water	.62 mg/L	NR
15	3:49 AM	All Source water	.63 mg/L	NR
16	3:13 AM	All Source water	.62 mg/L	NR
17	5:11 AM	All Source water	.64 mg/L	NR
18	3:44 AM	All Source water	.66 mg/L	NE
19	11:35 PM	All Source water	.71 mg/L	NE
20	4:42 PM	All Source water	.65 mg/L	NR
21	8:11 AM	All Source water	.68 mg/L	SH
22	6:40 AM	All Source Water	.67 mg/L	SH
23	2:16 AM	All Source Water	.71 mg/L	TG
24	8:44 AM	All Source Water	.73 mg/L	SH
25	2:12 AM	All Source Water	.77 mg/L	SH
26	5:42 AM	All Source Water	.82 mg/L	SH
27	7:23 AM	All Source Water	.76 mg/L	TG
28	5:53 AM	All Source water	.72 mg/L	NR
29	8:34 AM	All Source water	.75 mg/L	NR
30	9:19 pm	All Source water	.73 mg/L	NR
31	10:00 AM	All Source water	.73 mg/L	NR

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) 838-4781 OR
 Date: 11 / 4 / 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.