

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 06/2025 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	3:45 AM	All source water	.53 mg/L	NR
2	4:13 AM	"	.54 mg/L	NR
3	3:46 AM	"	.53 mg/L	NR
4	12:39 AM	"	.52 mg/L	NR
5	7:51 AM	"	.60 mg/L	SH
6	9:52 AM	"	.60 mg/L	SH
7	10:49 AM	"	.54 mg/L	SH
8	9:41 AM	"	.58 mg/L	NR
9	4:47 AM	"	.51 mg/L	TA
10	8:27 AM	"	.55 mg/L	NR
11	2:51 AM	"	.58 mg/L	NR
12	12:44 AM	"	.61 mg/L	NR
13	3:59 AM	"	.61 mg/L	NR
14	12:15 AM	"	.67 mg/L	NR
15	1:01 AM	"	.65 mg/L	NR
16	1:44 AM	"	.65 mg/L	NR
17	12:19 AM	"	.68 mg/L	TG
18	11:28 PM	"	.73 mg/L	TG
19	3:09 P.M.	"	.72 mg/L	CT
20	2:20 P.M.	"	.71 mg/L	CT
21	4:42 P.M.	"	.76 mg/L	CT
22	11:52 AM	"	.78 mg/L	SH
23	8:52 P.M.	"	.79 mg/L	CT
24	8:21 PM	"	.71 mg/L	SH
25	9:39 A.M.	"	.75 mg/L	CT
26	8:08 AM	"	.59 mg/L	NE
27	2:44 AM	"	.62 mg/L	NE
28	11:03 AM	"	.60 mg/L	NE
29	7:42 AM	"	.61 mg/L	MC
30	6:13 AM	"	.62 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><b>GWS Serving 3,300 or Fewer</b></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><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: / /</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) OR  
 Date: 7/1/2025 932-6204 Small Groundwater System

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