

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

System Name City of Independence

PWS ID# 41 00399

Month/Year 07 / 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	4:11 AM	All Source water	.59 mg/L	SH
2	7:44 AM	" "	.59 mg/L	SH
3	8:51 AM	" "	.58 mg/L	JR
4	8:43 AM	" "	.58 mg/L	JR
5	8:45 AM	" "	.55 mg/L	JR
6	8:25 AM	" "	.54 mg/L	NR
7	6:49 AM	" "	.52 mg/L	NR
8	4:11 AM	" "	.58 mg/L	NR
9	7:37 AM	" "	.50 mg/L	NR
10	6:14 AM	" "	.50 mg/L	NR
11	4:03 AM	" "	.49 mg/L	CT
12	5:19 AM	" "	.57 mg/L	CT
13	5:14 AM	" "	.57 mg/L	SH
14	8:08 AM	" "	.45 mg/L	NR
15	7:28 AM	" "	.65 mg/L	CT
16	6:29 AM	" "	.58 mg/L	SH
17	12:38 PM	" "	.45 mg/L	SH
18	6:11 AM	" "	.51 mg/L	MC
19	2:40 AM	" "	.52 mg/L	MC
20	6:57 AM	" "	.64 mg/L	NR
21	11:24 PM	" "	.61 mg/L	NR
22	12:57 PM	" "	.62 mg/L	NR
23	2:48 AM	" "	.58 mg/L	NR
24	5:01 AM	" "	.64 mg/L	NR
25	3:49 AM	" "	.58 mg/L	NR
26	6:59 AM	" "	.60 mg/L	NR
27	1:17 AM	" "	.66 mg/L	NR
28	11:37 AM	" "	.67 mg/L	SH
29	1:50 AM	" "	.67 mg/L	NR
30	10:41 AM	" "	.61 mg/L	JR
31	5:38 PM	" "	.59 mg/L	SH

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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Matthew Carpenter

Title: Water DRC

Operator Certification #: 6621

Signature: 

Phone #: (503) 932-

OR

Date: 8 / 1 / 2025

6204

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.

August 22, 2019