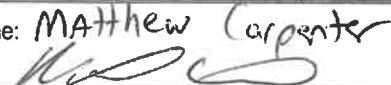


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name		City of Independence		PWS ID# 41 00399
Month/Year		Nov 125	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	8:26 AM	" All Source Water"	0.49 mg/L	CV
2	4:56 pm	"	.53 mg/L	MC
3	2:00 pm	"	.49 mg/L	NR
4	3:56 AM	"	.48 mg/L	NR
5	7:14 AM	"	.47 mg/L	NR
6	5:55 AM	"	.63 mg/L	ST
7	6:08 am	"	.58 mg/L	AW
8	10:38 am	"	.58 mg/L	AW
9	7:59 AM	"	.58 mg/L	NR
10	4:13 am	"	.58 mg/L	AW
11	8:39 AM	"	.57 mg/L	NR
12	11:48 AM	"	.57 mg/L	NR
13	10:58 PM	"	.57 mg/L	NE
14	5:59 AM	"	.57 mg/L	TG
15	6:46 AM	"	.57 mg/L	TG
16	7:24 AM	"	.54 mg/L	NR
17	4:25 AM	"	.57 mg/L	NR
18	2:39 AM	"	.55 mg/L	NR
19	4:13 AM	"	.55 mg/L	TG
20	5:02 AM	"	.52 mg/L	JR
21	8:50 AM	"	.54 mg/L	CT
22	8:45 AM	"	.46 mg/L	CT
23	6:01 AM	"	.45 mg/L	NR
24	11:10 PM	"	.43 mg/L	NR
25	11:28 PM	"	.40 mg/L	NR
26	8:14 AM	"	.46 mg/L	CT
27	2:36 PM	"	.42 mg/L	NR
28	11:00 AM	"	.40 mg/L	NR
29	8:24 AM	"	.37 mg/L	NR
30	9:24 PM	"	.34 mg/L	NR
31				
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		GWS Serving More Than 3,300		
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		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		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		Date it was returned to service: / /
		Attach grab sample results and submit them with this form.		
Printed Name: Matthew Carpenter		Title: Water DRE		Operator Certification #: 6621
Signature: 		Phone #: (503) 932-6204		OR
Date: 12/1/12025		Small Groundwater System <input type="checkbox"/>		

Return by 10th of following month by either email dwp.dmce@dhsoha.state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.