

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

System Name		City of Independence		PWS ID# 41 00399
Month/Year 12 / 25		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	5:55AM	All source water	.33 mg/L	TG
2	5:24AM	" "	.53 mg/L	SH
3	4:51AM	" "	.60 mg/L	SH
4	8:12AM	" "	.63 mg/L	SH
5	8:52AM	" "	.61 mg/L	MC
6	3:35PM	" "	.59 mg/L	MC
7	3:09AM	" "	.62 mg/L	SH
8	9:11AM	" "	.65 mg/L	SH
9	8:15AM	" "	.63 mg/L	TG
10	10:32AM	" "	.64 mg/L	NR
11	1:55PM	" "	.61 mg/L	NR
12	9:04PM	" "	.60 mg/L	NE
13	6:46PM	" "	.58 mg/L	NE
14	10:13PM	" "	.57 mg/L	NR
15	9:58PM	" "	.56 mg/L	NR
16	10:01PM	" "	.56 mg/L	NR
17	9:55PM	" "	.54 mg/L	NR
18	9:52PM	" "	.55 mg/L	MC
19	8:51PM	" "	.53 mg/L	SH
20	7:13PM	" "	.54 mg/L	SH
21	10:17AM	" "	.59 mg/L	NR
22	10:00PM	" "	.52 mg/L	NR
23	8:47PM	" "	.50 mg/L	NR
24	11:44AM	" "	.54 mg/L	SH
25	8:29PM	" "	.52 mg/L	CN
26	10:03PM	" "	.48 mg/L	CN
27	11:41AM	" "	.55 mg/L	CN
28	9:57PM	" "	.50 mg/L	NR
29	9:33PM	" "	.48 mg/L	CT
30	10:14PM	" "	.49 mg/L	NR
31	5:05PM	" "	.50 mg/L	CN

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>
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<p>Printed Name: <u>Matthew Carpenter</u></p> <p>Signature: <u>Matthew Carpenter</u></p> <p>Date: 12/21/2025</p>	<p>Title: Water DRC</p> <p>Phone #: (503) 838-4781</p>	<p>Operator Certification #: 662-1</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.