

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

System Name City of Independence		PWS ID# 4 1 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	4:51PM	" "	.60 mg/L	SH
4	6:12AM	" "	.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	LIR
12	9:04PM	" "	.60 mg/L	NE
13	6:46PM	" "	.58 mg/L	NE
14	10:13PM	" "	.57 mg/L	NIR
15	9:58PM	" "	.56 mg/L	LIR
16	10:01PM	" "	.56 mg/L	LIR
17	9:55PM	" "	.54 mg/L	LIR
18	9:52 PM	" "	.55 mg/L	MC
19	8:51PM	" "	.53 mg/L	SH
20	7:13PM	" "	.54 mg/L	SH
21	10:17 AM	" "	.59 mg/L	NIR
22	10:00 PM	" "	.52 mg/L	NR
23	9:47 PM	" "	.50 mg/L	NR
24	11:14 AM	" "	.54 mg/L	SH
25	8:29 PM	" "	.52 mg/L	CN
26	10:03 PM	" "	.48 mg/L	CN
27	11:41 AM	" "	.55 mg/L	CN
28	9:57 PM	" "	.50 mg/L	NR
29	9:33 P.M.	" "	.48 mg/L	CT
30	10:14 PM	" "	.49 mg/L	NR
31	5:05 PM	" "	.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>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <u>Matthew Carpenter</u> Signature: <u>[Signature]</u> Date: <u>12 / 2 / 2025</u>	Title: <u>Water DRC</u> Phone #: <u>(503) 838-4781</u>	Operator Certification #: <u>6621</u> OR Small Groundwater System <input type="checkbox"/>
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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.