

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

System Name City of Independence

PWS ID# 41 00399

Month/Year Jun / 2026 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	10:01am	All Source Water	.49 mg/L	MC
2	9:40pm	" " "	.49 mg/L	AW
3	9:34pm	" " "	.47 mg/L	AW
4	11:34 AM	" "	.55 mg/L	NR
5	2:08 PM	" "	.56 mg/L	NR
6	3:14 PM	" "	.54 mg/L	TG
7	10:06 PM	" "	.51 mg/L	NR
8	2:22 PM	" "	.55 mg/L	NR
9	9:47 PM	" "	.60 mg/L	TG
10	10:52 AM	" "	.70 mg/L	TG
11	10:12 PM	" "	.76 mg/L	NR
12	6:20 PM	" "	.55 mg/L	NR
13	11:42 AM	" "	.63 mg/L	NR
14	10:34 PM	" "	.55 mg/L	NR
15	8:45 A.M.	" "	.69 mg/L	CT
16	8:48 pm	" "	.52	JR
17	8:22 am	" "	.73	JR
18	9:19 AM	" "	.54 mg/L	NR
19	10:13 AM	" "	.67 mg/L	SH
20	9:46 AM	" "	.66 mg/L	SH
21	11:46 AM	" "	.81 mg/L	SH
22	10:31 PM	" "	.58 mg/L	TG
23	9:52 PM	" "	.64 mg/L	NR
24	8:59 PM	" "	.80 mg/L	NR
25	10:00 AM	" "	.54 mg/L	NR
26	6:55 PM	" "	.61 mg/L	NR
27	9:33 AM	" "	.60 mg/L	NR
28	10:20 PM	" "	.69 mg/L	NR
29	8:01 A.M.	" "	.50 mg/L	CT
30	10:37 A.M.	" "	.66 mg/L	CT
31	9:59 AM	" "	.62 mg/L	CT

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>
--	---	---

Printed Name: Matthew Carpenter Title: Water DRC Operator Certification #: 6621
 Signature: [Signature] Phone #: (503) 932-6204 OR
 Date: 2/2/2026 Small Groundwater System

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.