

**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 Feb 1 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	9:28 AM	All source water	.61 mg/L	LIR
2	6:46 PM	"	.46 mg/L	LIR
3	6:11 PM	"	.48 mg/L	LIR
4	6:55 PM	"	.47 mg/L	LIR
5	5:43 AM	"	.51 mg/L	LIR
6	10:14 PM	"	.44 mg/L	NE
7	9:53 AM	"	.61 mg/L	NE
8	9:08 AM	"	.65 mg/L	NR
9	7:25 PM	"	.47 mg/L	LIR
10	1:45 PM	"	.53 mg/L	LIR
11	4:23 PM	"	.59 mg/L	SH
12	10:50 PM	"	.46 mg/L	MC
13	10:26 AM	"	.53 mg/L	MC
14	7:55 AM	"	.47 mg/L	MC
15	8:17 AM	"	.57 mg/L	MC
16	10:36 AM	"	.61 mg/L	NR
17	6:02 PM	"	.48 mg/L	NR
18	5:42 PM	"	.49 mg/L	NR
19	11:05 PM	"	.43 mg/L	NR
20	10:45 PM	"	.48 mg/L	CA
21	9:34 AM	"	.48 mg/L	CA
22	11:54 PM	"	.58 mg/L	NR
23	4:26 PM	"	.36 mg/L	LIR
24	6:30 PM	"	.33 mg/L	NR
25	11:27 AM	"	.37 mg/L	NR
26	2:36 PM	"	.39 mg/L	SH
27	10:57 AM	"	.29 mg/L	SH
28	9:20 AM	"	.39 mg/L	SH
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 0.2 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: Matthew Carpenter Title: Water DRC Operator Certification #: 6621
 Signature: [Signature] Phone #: (503) 932-6204 OR
 Date: 3/1/2026 Small Groundwater System

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

South

DATE:	Cl ₂ RESIDUAL	FLUORIDE ppm	FLUORIDE METER	OPERATOR
2-1-26	.6	off	78820	CT
2-2-26	.7	off	78820	MC
2-3-26	.8	.4	78830	TG/SH
2-4-26	.8	.4	78840	TG/SH
2-5-26	.7	off	78840	TG/SH
2-6-26	.8	.3	78850	TG/NE
2-7-26	.8	.3	78860	NE
2-8-26	.7	off	78860	NE
2-9-26	.8	.3	78870	MC
2-10-26	.8	.6	78900	MC
2-11-26	.7	.5	78910	MC
2-12-26	.6	.5	78920	MC
2-13-26	.6	.5	78930	MC
2-14-26	.7	.7	98940	MC
2-15-26	.6	off	98940	MC
2-16-26	.6	off	98940	MC
2-17-26	.6	off	98940	MC
2-18-26	.6	.5	98950	MC/TG
2-19-26	.6	.5	98960	MC/TG
2-20-26	.7	.4	98970	NE/TG
2-21-26	.6	.5	78970	CM
2-22-26	.6	.5	78980	cut
2-23-26	.5	.5	78980	MC
2-24-26	.7	.5	78990	MC
2-25-26	.5	.5	79000	MC
2-26-26	.6	.5	79010	MC
2-27-26	.7	off	79010	MC
2-28-26	.7	.6	79020	SH

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North

DATE:	Cl ₂ RESIDUAL	FLUORIDE ppm	FLUORIDE METER	OPERATOR
2-1-26	.9	.6	164440	CT
2-2-26	.7	.8	164540	me
2-3-26	.7	.6	164550	TG/SH
2-4-26	.8	.7	164560	TG/SH
2-5-26	.7	.7	164580	TG/SH
2-6-26	.8	.8	164610	NE/TG
2-7-26	.8	.9	164620	NE
2-8-26	.8	.9	164650	NE
2-9-26	.7	1.0	164750	me
2-10-26	.7	off	164750	me
2-11-26	.7	.9	164770	me
2-12-26	.7	.8	164780	me
2-13-26	.7	.8	164790	me
2-14-26	.7	.8	164800	me
2-15-26	.7	.8	164840	me
2-16-26	.9	.7	164950	me
2-17-26	.7	.8	164980	me
2-18-26	.7	.6	164990	me
2-19-26	.7	.6	165010	me
2-20-26	.8	.6	165020	NE
2-21-26	.8	.4	165020	CV
2-22-26	.7	.6	165050	CAI
2-23-26	.5	.5	165150	me
2-24-26	.5	.5	165170	me
2-25-26	.5	.5	165180	me
2-26-26	.5	.4	165190	me
2-27-26	.5	off	165190	me
2-28-26	.6	off	165190	SH

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