


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

System Name City of Independence PWS ID# 41 00399
 Month/Year April 2023 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		off		
2		off		
3		off		
4		off		
5		off		
6	2:32 PM	Polk well #1	.75 mg/L	
7		off		
8	10:48 am	Polk well #1	.71 mg/L	
9	9:33 AM	Polk well #1	.68 mg/L	
10	7:01 AM	Polk well #1	.71 mg/L	
11		off		
12		off		
13	10:48 AM	Polk well #1	.67 mg/L	
14		off		
15	2:03 AM	Polk well #1	.65 mg/L	
16	10:30 AM	Polk well #1	.68 mg/L	
17		off		
18	9:04 AM	Polk well #1	.73 mg/L	
19	7:48 PM	Polk	.85 mg/L	
20	10:48 AM	Polk well #1	.83 mg/L	
21		off		
22	8:37 AM	Polk well #1	.62 mg/L	
23	7:16 AM	Polk well #1	.67 mg/L	
24	8:05 PM	Polk well #1	.59 mg/L	
25		off		
26	1:24 P.M	Polk well #1	.61 mg/L	
27	7:30 AM	Polk well #1	.65 mg/L	
28	9:58 AM	Polk #1	.62 mg/L	
29	6:54 AM	Polk #1	.59 mg/L	
30	8:50 AM	Polk #1	.53 mg/L	
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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: Matthew Carpenter Title: WT Lead Operator Certification #: 6621
 Signature:  Phone #: (503) 932-6204 OR
 Date: 5 / 4 / 2023 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.