

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

System Name City of Independence

PWS ID# 41 00399

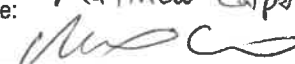
Month/Year June / 2023 Entry Point: EP-B

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	4:07 AM	Polk well #1	.77 mg/L	
2	12:09 AM	Polk Well #1	.84 mg/L	
3	5:24 AM	Polk well #1	.89 mg/L	
4	4:17 AM	Polk Well #1	.82 mg/L	
5	4:06 AM	Polk Well #1	.79 mg/L	
6	6:51 AM	Polk well #1	.82 mg/L	
7	6:07 AM	Polk well #1	.82 mg/L	
8	4:04 AM	Polk well #1	.75 mg/L	
9	4:05 AM	Polk well #1	.77 mg/L	
10	7:43 AM	Polk well #1	.80 mg/L	
11	5:03 AM	Polk well #1	.79 mg/L	
12	4:06 AM	Polk well #1	.75 mg/L	
13	6:47 AM	Polk well #1	.77 mg/L	
14	6:52 AM	Polk well #1	.75 mg/L	
15	5:40 AM	Polk well #1	.80 mg/L	
16	4:10 AM	Polk well #1	.80 mg/L	
17	10:35 AM	Polk well #1	.80 mg/L	
18	5:02 AM	Polk well #1	.72 mg/L	
19	4:06 AM	Polk well #1	.71 mg/L	
20	4:36 AM	Polk well #1	.71 mg/L	
21	3:38 AM	Polk well #1	.82 mg/L	
22	12:47 AM	Polk well #1	.87 mg/L	
23	3:09 AM	Polk Well #1	.77 mg/L	
24	4:24 AM	Polk Well #1	.70 mg/L	
25	4:22 AM	Polk Well #1	.70 mg/L	
26	5:05 AM	Polk Well #1	.56 mg/L	
27	11:02 PM	Polk Well #1	.71 mg/L	
28	3:17 AM	Polk Well #1	.60 mg/L	
29	3:44 AM	Polk Well #1	.51 mg/L	
30	4:05 AM	Polk well #1	.48 mg/L	
31				

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 align="center">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: 	Phone #: (503) 932-6204	OR
Date: 7 / 3 / 23		Small Groundwater System <input type="checkbox"/>

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.