

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

System Name City of Columbia City PWS ID# 41 00203
 Month/Year Feb 2021 Entry Point: EP-C 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	4:30pm	P.W. Well # 2	.59	
2			.55	
3			.55	
4			.59	
5			.58	
6			.61	
7			.61	
8			.70	
9			.71	
10			.69	
11			.68	
12			.61	
13			.70	
14			.70	
15			.68	
16			.64	
17			.72	
18			.70	
19			.73	
20			.72	
21			.72	
22			.70	
23			.74	
24			.74	
25			.70	
26			.74	
27			.71	
28			.68	
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 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 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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>
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Printed Name: Mich Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: [Signature] Phone #: (503) 366-0454
 Date: 3/8/21

OR
 Small Groundwater System