

**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 March 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	4:30 pm	P.W. Well #2	.68	
2			.71	
3			.69	
4			.71	
5			.72	
6			.71	
7			.69	
8			.69	
9			.74	
10			.75	
11			.69	
12			.67	
13			.71	
14			.69	
15			.69	
16			.72	
17			.70	
18			.73	
19			.70	
20			.74	
21			.72	
22			.72	
23			.74	
24			.77	
25			.75	
26			.72	
27			.74	
28			.74	
29			.73	
30			.71	
31			.70	

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: _____</p> <p>Date it was returned to service: _____</p>	

Printed Name: Michah A. Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Michah Rogers Phone #: (503) 366-0454
 Date: 4/16/21

OR
Small Groundwater System