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 May/2021 Entry Point: EP-C Required Minimum Residual 0.2 mg/L							
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/L		Notes	
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Was the chlorine residual ever less than the required minimum residual of ♥.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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time this			Date continuo	us monitorina
until the residual returned to mg/L as			reporting month? ☐ Yes ☐ No equipment failed:				
required? ☐ Yes ☐ No			If yes, were grab samples collected every four hours until the			MarihousedayA	
Attach those results and submit them with			continuous monitoring equipment was returned to service as Date it was returned to			urned to	
this form.			required?				
			Attach grab sample results and submit them with this form.				photosocial de Bar
Printed Name: Micah A. Rogers Title: P.W. Superntendent Operator Certification #: D-7227							
Signature: Mich # 18 Phone #: (503) 366-0454 OR							
	6171	· / //	(arminal disalination)		Small Groundwater System □		
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