

**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 June 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	.68	
2		City of St. Helens EPA	.67	
3			.68	
4			.71	
5			.72	
6			.69	
7			.71	
8			.74	
9			.75	
10			.72	
11			.73	
12			.71	
13			.73	
14			.78	
15			.71	
16			.71	
17			.70	
18			.65	
19			.72	
20			.71	
21			.75	
22			.64	
23			.69	
24			.69	
25			.70	
26			.70	
27			.64	
28			.64	
29			.69	
30			.68	

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>
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Printed Name: Micah Rogers Title: P.W. Superintendent Operator Certification #: D-1227
 Signature: Micah Rogers Phone #: (503) 366-0454
 Date: 7/6/21

OR
Small Groundwater System