

**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 July/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	.65	
2		St. Helens EP-A	.64	
3			.64	
4			.63	
5			.65	
6			.64	
7			.65	
8			.66	
9			.64	
10			.63	
11			.65	
12			.63	
13			.72	
14			.68	
15			.62	
16			.61	
17			.63	
18			.61	
19			.68	
20			.75	
21			.76	
22			.76	
23			.71	
24			.69	
25			.68	
26			.72	
27			.70	
28			.67	
29			.72	
30			.72	
31			.74	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: Michal Rogers Title: P.W. Superintendent Operator Certification #: D-7227  
 Signature: [Signature] Phone #: (503) 366-0454  
 Date: 8/3/21

OR  
Small Groundwater System