

**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 9/1 Entry Point: _____ 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	.66	
2		St. Helens EPA.	.74	
3			.65	
4			.69	
5			.74	
6			.70	
7			.66	
8			.69	
9			.74	
10			.77	
11			.74	
12			.68	
13			.72	
14			.84	
15			.82	
16			.77	
17			.69	
18			.73	
19			.74	
20			.73	
21			.73	
22			.65	
23			.66	
24			.74	
25			.73	
26			.72	
27			.69	
28			.70	
29			.71	
30			.76	
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>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><i>Attach those results and submit them with this form.</i></p>	<p>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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p>
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Printed Name: Michah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Michah Rogers Phone #: (503) 366-0454
 Date: 9/7/2021

OR
Small Groundwater System