State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

Month/Year Sept J.202 Entry Point EPC Required Minimum Residual 0.2 mg/L	System Name City & Columbia City PWS ID# 41 00203								
Date Time Source(s) in use residual at entry point to distribution system (mg/L) 1	Month/Year Sept 12021 Entry Point: EP-C Required Minimum Residual 0.2 mg/L								
2	Date		Source(s)	in use	residual at entry point to		Notes		
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Was the chlorine residual ever less than the required minimum residual of ○.2 mg/L? □ Yes □ No									
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 If yes, did you monitor every four hours until the residual returned to □ mg/L as required? □ Yes □ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? □ Yes □ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? □ Yes □ No Attach grab sample results and submit them with this form. Printed Name: Mical Rogues □ Title: (.W. Superint with this form. □ Departor Certification #: D-7227 Operator Cert									
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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 If yes, did you monitor every four hours until the residual returned tomg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form. Printed Name: Mich Rogues ☐ Title: [.W. Superior Certification #: D-7227 ☐ OR OR					.69			M	
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Signature: Mush Roguez Phone #: (503) 366-0464 OR	Printed N	vame: Mica	L Rogers	Title: P.W. Superinterent		Operator Certification #: D-7227			
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