

**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 Dec 12021 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	.75	
2			.78	
3			.74	
4			.77	
5			.74	
6			.69	
7			.70	
8			.75	
9			.77	
10			.76	
11			.72	
12			.73	
13			.77	
14			.77	
15			.71	
16			.78	
17			.76	
18			.74	
19			.75	
20			.71	
21			.71	
22			.71	
23			.73	
24			.72	
25			.71	
26			.71	
27			.68	
28			.74	
29			.75	
30			.75	
31			.70	

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>
---	---	---

Printed Name: Michah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: *Michah Rogers* Phone #: (503) 366-0454
 Date: 1/4/2022

OR
Small Groundwater System