

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 Feb/2022 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	.70	
2			.71	
3			.71	
4			.69	
5			.70	
6			.69	
7			.68	
8			.68	
9			.66	
10			.70	
11			.66	
12			.70	
13			.69	
14			.70	
15			.66	
16			.70	
17			.71	
18			.66	
19			.70	
20			.69	
21			.66	
22			.74	
23			.68	
24			.68	
25			.69	
26			.67	
27			.71	
28			.75	
29				
30				
31				

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>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>	

Printed Name: Mitch Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Mitch Rogers Phone #: (503) 366-0454
 Date: 3/8/22

OR
 Small Groundwater System