

**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 May 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	4:30 pm	P.W. Well # 2	.75	
2			.74	
3			.66	
4			.74	
5			.75	
6			.74	
7			.72	
8			.74	
9			.74	
10			.64	
11			.70	
12			.70	
13			.76	
14			.78	
15			.77	
16			.77	
17			.74	
18			.79	
19			.80	
20			.79	
21			.79	
22			.72	
23			.74	
24			.74	
25			.79	
26			.80	
27			.79	
28			.68	
29			.75	
30			.74	
31			.71	

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: Michah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Michah Rogers Phone #: (503) 366-0454
 Date: 4/5/22

OR
Small Groundwater System