

**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 April 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	.84	
2			.79	
3			.80	
4			.78	
5			.84	
6			.81	
7			.78	
8			.80	
9			.81	
10			.80	
11			.79	
12			.80	
13			.79	
14			.81	
15			.74	
16			.74	
17			.77	
18			.74	
19			.71	
20			.80	
21			.80	
22			.74	
23			.75	
24			.74	
25			.73	
26			.77	
27			.74	
28			.81	
29			.74	
30			.74	
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>Attach those results and submit them with this form.</p>	<p align="center">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: Micah Rogers Title: P.W. Superintendent Operator Certification #: _____
 Signature: Micah Rogers Phone #: (503) 366-0454
 Date: 5/9/22

OR
Small Groundwater System