

**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 12022 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	.76	
2			.74	
3			.73	
4			.77	
5			.75	
6			.76	
7			.75	
8			.76	
9			.69	
10			.74	
11			.72	
12			.71	
13			.77	
14			.74	
15			.77	
16			.69	
17			.69	
18			.75	
19			.73	
20			.73	
21			.68	
22			.66	
23			.65	
24			.66	
25			.66	
26			.65	
27			.66	
28			.65	
29			.66	
30			.68	
31			.66	

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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: Mical Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Mical Rogers Phone #: (503) 366-0454
 Date: 6-6-2022

OR
Small Groundwater System