

**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 June 2022 Entry Point: EPC

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	.70	
2			.71	
3			.71	
4			.68	
5			.66	
6			.75	
7			.78	
8			.77	
9			.73	
10			.75	
11			.75	
12			.75	
13			.75	
14			.69	
15			.70	
16			.74	
17			.70	
18			.65	
19			.75	
20			.76	
21			.78	
22			.78	
23			.80	
24			.74	
25			.77	
26			.76	
27			.77	
28			.74	
29			.70	
30			.71	
X			.72	

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>
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Printed Name: Micah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Micah Rogers Phone #: (503) 366-0454
 Date: 7/8/2022

OR
Small Groundwater System