

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 Dec. 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	4:30pm	P.W. Well #2	.77	
2			.77	
3			.77	
4			.71	
5			.75	
6			.68	
7			.74	
8			.76	
9			.64	
10			.68	
11			.72	
12			.68	
13			.71	
14			.74	
15			.71	
16			.79	
17			.75	
18			.71	
19			.72	
20			.66	
21			.73	
22			.73	
23			.71	
24			.71	
25			.68	
26			.71	
27			.75	
28			.65	
29			.71	
30			.80	
31			.76	

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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Attach grab sample results and submit them with this form.

Printed Name: Michah Rogers  
 Signature: [Signature]  
 Date: 119123

Title: P.W. Superintendent  
 Phone #: (503) 366-0454

Operator Certification #: D-7227  
 OR  
 Small Groundwater System