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 __Jan /2023__ 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	.75	
2			.71	
3			.67	
4			.68	
5			.71	
6			.74	
7			.68	
8			.71	
9			.73	
10			.73	
11			.70	
12			.77	
13			.76	
14			.73	
15			.74	
16			.76	
17			.77	
18			.68	
19			.83	
20			.74	
21			.64	
22			.68	
23			.62	
24			.65	
25			.67	
26			.68	
27			.67	
28			.68	
29			.68	
30			.71	
31			.65	

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

___ / ___ / ___

Date it was returned to service:

___ / ___ / ___

Printed Name: __Micah Rogers__

Signature: __Micah Rogers__

Date: __2 / 6 / 23__

Title: __P.W. Superintendent__

Phone #: __(503) 366-0454__

Operator Certification # __D-7237__

OR

Small Groundwater System ☐

December 19, 2012