

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name Columbia City Mun. Waterworks

PWS ID# 4100203

Month/Year Feb 12023 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			.64	
3			.66	
4			.68	
5			.64	
6			.72	
7			.66	
8			.70	
9			.70	
10			.72	
11			.69	
12			.72	
13			.72	
14			.72	
15			.69	
16			.71	
17			.77	
18			.70	
19			.69	
20			.67	
21			.65	
22			.68	
23			.70	
24			.77	
25			.68	
26			.65	
27			.73	
28			.68	
<del>29</del>				
<del>30</del>				
<del>31</del>				

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 OR  
 Date: 3 19 23 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dpw.dmce@state.or.us](mailto:dpw.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.