

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

System Name City of Columbia City
Month/Year March / 2023 Entry Point: EPC

PWS ID# 4100203
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			.78	
3			.77	
4			.78	
5			.77	
6			.72	
7			.66	
8			.67	
9			.73	
10			.71	
11			.71	
12			.70	
13			.65	
14			.76	
15			.67	
16			.71	
17			.67	
18			.70	
19			.67	
20			.68	
21			.70	
22			.68	
23			.71	
24			.70	
25			.68	
26			.70	
27			.68	
28			.76	
29			.73	
30			.77	
31			.74	

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>
--	--	---

Printed Name: Michah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
Signature: Michah Rogers Phone #: (503) 366-0454 OR
Date: 4/10/23 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.