

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

System Name *City of Columbia City*
Month/Year *May 12023* Entry Point: *EP-C*

PWS ID# 41 *00203*

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	<i>4:30pm</i>	<i>P.W. Well #2</i>	<i>.74</i>	
2			<i>.76</i>	
3			<i>.76</i>	
4			<i>.75</i>	
5			<i>.74</i>	
6			<i>.76</i>	
7			<i>.74</i>	
8			<i>.77</i>	
9			<i>.82</i>	
10			<i>.78</i>	
11			<i>.67</i>	
12			<i>.68</i>	
13			<i>.71</i>	
14			<i>.69</i>	
15			<i>.68</i>	
16			<i>.65</i>	
17			<i>.67</i>	
18			<i>.69</i>	
19			<i>.63</i>	
20			<i>.65</i>	
21			<i>.71</i>	
22			<i>.66</i>	
23			<i>.67</i>	
24			<i>.69</i>	
25			<i>.65</i>	
26			<i>.66</i>	
27			<i>.66</i>	
28			<i>.65</i>	
29			<i>.72</i>	
30			<i>.71</i>	
31			<i>.61</i>	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: *Michah Rogers* Title: *P.W. Superintendent* Operator Certification #: *D-7227*
 Signature: *Michah Rogers* Phone #: *(503) 366-0454* OR
 Date: *6/9/23* 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.