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

System Name City of Columbia City PWSID# 4100203						
Month/Year June 12023 Entry Point: EP-C Required Minimum Residual 0.2 mg/						
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 4	,70		
2		St. Helms - "E	1-4	.71		
3				1:3		
4					-	
5 6			W-18-12-17-17-17-17-17-17-17-17-17-17-17-17-17-	,73		
7				.66		
8				,63		
9				.68		
10				.67		
11				1.71		
12				. 80		
13			8	. 85		
14				.71		
15				.76		
16		2		.76		
17			94 C 94 C 144 C 150 C 144 C 150 C	,67		
18				1.17		
19				.76		
20				.68		
21				,68		
22						
23				,60	+	
25				1.76		
26				72		
27				.80		
28			y	1,73		
29				1.76		
30	حا			077		
31/						
Was the chlorine residual ever less than the required minimum residual of ∂₂2 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 GWS Serving More Than 3,300						
If yes, did you monitor every four hours Did conti				inuous monitoring equipment fail at any time this g month?		Date continuous monitoring equipment failed:
ac required? Type Type				s, were grab samples collected every four hours until the		1 1
			continuous mo	ous monitoring equipment was returned to service as		Date it was returned to service:
			Attach grab sample results and submit them with this form.			1 1
Printed	Name: (Nic	ah Royers	Tit	Title: P.W. Superint-endend Operato		r Certification #: D-7227
Signatu	re: Mrin	1. Kill		ione #: (503)366-0454		OR
Date: 7 / 7 / 23 Small Groundwater System						