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

System	Name C	TY OF COLUME	BIA CITY	Pl	NS ID# 410	0203	
Month/	YearJuly	12023 Entry Po	int: EP-C	Re	quired Minimum	Residual 6.2 mg/L	
	<u></u>	0 ():		Lowest free chlorine		Notes	
Date	Time	Source(s) ir	i use	residual at entry point to distribution system (mg/L)		Notes	
1	4:30 PM	P.W. WELL =	Ħ2	.67			
2			- North Control of the Control of th	.77			
3		CITY OF ST. HE	LENS	,62			
4		EP-A		.62			
5				.84			
6				.82			
7				.85			
8			and the second second	. 48			
9				.70			
10				.86			
11				.82			
12				071			
13				.80			
14				.67		A	
15 16				.82			
17				.69			
18				.88			
19				277			
20				.73			
21				67			
22				368			
23			······································	,71			
24				.72			
25				674			
26				274			
27				068			
28				69			
29				672			
30				676		AND	
31				0602			
Was the chlorine residual ever less than the required minimum residual of 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							
				ntinuous monitoring equipment fail at any time this		Date continuous monitoring equipment failed:	
until the residual returned to mg/L reporting month' as required? Yes No						equipinent ialieu.	
if yes, were g				rab samples collected every four hours until the		Date it was returned to	
Attach those results and submit them with this form. continuous monitoring equipment was returned to service as required? Yes \(\subseteq \text{No} \)						Date it was returned to service:	
						/ / /	
Attach grab sample results and submit them with this form.							
Printed Name: Micah Rogers Title: P.W. Superintendent Operator Certification #: D-7227							
Signature: Mhwh 13 9 Phone #: (503) 366 - 0464 OR							
Date: 81 1 2 2 2 3 Small Groundwater System							

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