

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

System Name City of Columbia city  
Month/Year August / 2023 Entry Point: EP-C

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	P.W Well #2	0.67	
2			0.82	
3		City of St. Helens	0.60	
4		EP-A	0.75	
5			0.74	
6			0.68	
7			0.66	
8			0.61	
9			0.67	
10			0.72	
11			0.62	
12			0.70	
13			0.63	
14			0.55	
15			0.71	
16			0.63	
17			0.71	
18			0.67	
19			0.73	
20			0.68	
21			0.62	
22			0.77	
23			0.71	
24			0.68	
25			0.64	
26			0.71	
27			0.64	
28			0.69	
29			0.61	
30			0.51	
31			0.60	

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>
--	--	---

Printed Name: Michal Rogers Title: P.W. Superintendent Operator Certification #: D-7227  
Signature: [Signature] Phone #: (503) 366-0454 OR  
Date: 9/6/2023 Small Groundwater System

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