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

Date Time	System Name City of Columbia City Month/Year Wart / 2023 Entry Point: EP-C PWS ID# 4100203 Required Minimum Residual 0.2 mg/L							
Date Time Source(s) in use residual at entry point to distribution system (mg/L)	Month/Year (Way 1 / 2023 Entry Point: EP-C Required Minimum Residual O. 2 mg/L							
2	Date	Time	Source(s) in	use	residual at entry point to		Notes	
2	1	4:30	, P.W Well	#2	0.67			
City of St. Helens		, 55	1					
5			City of St.	Helens				
5			FP-A	1010110				
Color Col					0.74			
7								
8					0.66			
9								
10								
11 O - 62 O - 70 12 O - 70 13 O - 62 14 O - 55 15 O - 71 16 O - 63 17 O - 71 18 O - 67 19 O - 67 20 O - 68 21 O - 68 21 O - 68 22 O - 77 23 O - 71 24 O - 68 25 O - 71 27 O - 71 28 O - 71 29 O - 68 25 O - 68 25 O - 71 27 O - 68 28 O - 71 29 O - 69 29 O - 60 30 O - 60 31 O								
12								
13 O . 63 14 O . 55 15 O . 71 16 O . 43 17 O . 71 18 O . 47 19 O . 48 20 O . 48 21 O . 62 22 O . 71 23 O . 71 24 O . 68 25 O . 64 26 O . 71 27 O . 68 28 O . 61 29 O . 61 30 O . 51 31 O . 51 31 O . 61 31 O . 62 31 O . 61 31 O . 62 31 O . 64 32 O . 64 33 O . 65 31 O . 65 32 O . 65 33 O . 65 34 O . 65 35 O . 65 36 O . 65 37 O . 65 38 O . 65 39 O . 65 30 O . 65 3								
14								
15								
16								
18					0.63			
19	17				0.71			
O. US O. UZ	18				0.67			
Color Colo	19				6.73			
22 0.7+	20				0.68			
23 0.71 0.68 25 0.64 26 0.71 27 0.64 27 0.64 27 0.64 28 0.64 29 0.64 29 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60 31 0.65 31 0.60	21				0.62			
24	22							
25 O. 64 26 O. 71 27 O. 64 28 O. 64 29 O. 6 30 O. 5 31 O. 60 Was the chlorine residual ever less than the required minimum residual of O.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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Nical Regers Tittle: P. V. Septim and Service Attach grab sample results and submit them with this form. Operator Certification #: D-7227 Signature: Man Service Ser	23				0.71			
25 O. 64 26 O. 71 27 O. 64 28 O. 64 29 O. 6 30 O. 5 31 O. 60 Was the chlorine residual ever less than the required minimum residual of O.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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Nical Regers Tittle: P. V. Septim and Service Attach grab sample results and submit them with this form. Operator Certification #: D-7227 Signature: Man Service Ser	24				0.68			
28	25				0.64			
28	26				0.71			
O . 6 30	27							
Was the chlorine residual ever less than the required minimum residual of O.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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach those results and submit them with this form. Printed Name: Micah Rogers Title: P.W. Superint when with this form. Operator Certification #: D-7227 Operator Certification #: D-7227 Operator Certification #: D-7227 Operator Certification #: D-7227	28				0.69			
Was the chlorine residual ever less than the required minimum residual of O.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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Date continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Micak Regers Title: P.W. Superior and with this form. Operator Certification #: D-7227 Signature: Mink Regers Phone #: (503) 366-045 H OR	29				0.61			
Was the chlorine residual ever less than the required minimum residual of O.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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Printed Name: Mich Rogers Title: P. W. Superior and Operator Certification #: D-7227 Signature: Mich Rogers Phone #: (503) 366-0454 OR Small Croundwater System D	30				0.51			
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 If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Mich Rosers Title: P. W. Superintended Operator Certification #: D-7227 Signature: Mich Rosers Phone #: (503) 366-0454 OR	31				0.00			
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 If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Mich Rosers Title: P. W. Superintended Operator Certification #: D-7227 Signature: Mich Rosers Phone #: (503) 366-0454 OR	Was the chlorine residual ever less than the required minimum residual of O.7 mg/L? Yes No							
If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form. Printed Name: Mich Rogers Title: P. W. Superintended Operator Certification #: D-7227 Phone #: (503) 366-045 H OR	If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
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as required? Yes No Attach those results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Mich Rogers Title: P. W. Superintended Operator Certification #: D-7227 Phone #: (503) 366-045 H OR						,		
Attach those results and submit them with this form. Continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Mich Rogers Title: P. W. Superintended Operator Certification #: D-7227 Phone #: (503) 366-0454 OR				If yes were ar	ab samples collected every fou	r hours until the	1 1	
required? Yes No Attach grab sample results and submit them with this form. Printed Name: Mich Rogers Title: P. W. Superintended Operator Certification #: D-7227 Signature: Minh Rogers Phone #: (503) 366-0454 OR	Attach	those results	and submit them with	continuous mo	nitoring equipment was returned	ed to service as Date it was returned to		
Printed Name: Mich Rogers Title: P. W. Superintended Operator Certification #: D-7227 Signature: Mink Rogers Phone #: (503) 366-0454 OR Small Groundwater System D	this form.						service:	
Small Croundwater System				Attach grab sample results and submit them with the		with this form.	1 1	
Small Croundwater System	Printed	Name: Mica	L Rogers	Title: P.W. Superintendent		Operator Certification #: D-7227		
Small Croundwater System	Signature: Mink Roll Phone #: (503) 366-0454 OR							
Date: 4 / 6 / 2023	roundwater System							