

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

System Name City of Columbia City
Month/Year Jan 2024 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	4:30pm	P.W. Well # 2	.64	
2			.65	
3			.75	
4			.65	
5			.63	
6			.69	
7			.80	
8			.69	
9			.78	
10			.65	
11			.71	
12			.78	
13			.68	
14			.64	
15			.70	
16			.67	
17			.71	
18			.77	
19			.64	
20			.61	
21			.64	
22			.73	
23			.66	
24			.61	
25			.70	
26			.77	
27			.68	
28			.64	
29			.61	
30			.61	
31			.73	

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>Attach those results and submit them with this form.</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>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>
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Printed Name: Micah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: [Signature] Phone #: (503) 366-0454 OR
 Date: 2/5/24 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.