

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

System Name City of Columbia City
Month/Year Feb / 2024 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	4:30pm	P.W. Well # 2	.66	
2			.80	
3			.76	
4			.80	
5			.83	
6			.63	
7			.57	
8			.66	
9			.58	
10			.56	
11			.58	
12			.57	
13			.65	
14			.58	
15			.65	
16			.69	
17			.68	
18			.69	
19			.69	
20			.55	
21			.56	
22			.56	
23			.60	
24			.64	
25			.58	
26			.56	
27			.68	
28			.56	
29			.58	
30				
31				

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></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) 366-2815 OR
 Date: 3/8/24 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.