

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

System Name City of Columbia City

PWS ID# 4100203

Month/Year March / 2024 Entry Point:

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	<u>4:30 pm</u>	<u>P.W. Well #2</u>	<u>.61</u>	
2			<u>.60</u>	
3			<u>.61</u>	
4			<u>.59</u>	
5			<u>.55</u>	
6			<u>.57</u>	
7			<u>.70</u>	
8			<u>.56</u>	
9			<u>.58</u>	
10			<u>.57</u>	
11			<u>.61</u>	
12			<u>.61</u>	
13			<u>.54</u>	
14			<u>.58</u>	
15			<u>.58</u>	
16			<u>.56</u>	
17			<u>.58</u>	
18			<u>.59</u>	
19			<u>.65</u>	
20			<u>.68</u>	
21			<u>.69</u>	
22			<u>.68</u>	
23			<u>.67</u>	
24			<u>.69</u>	
25			<u>.67</u>	
26			<u>.67</u>	
27			<u>.64</u>	
28			<u>.65</u>	
29			<u>.64</u>	
30			<u>.67</u>	
31			<u>.64</u>	

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-7221
 Signature: Micah Rogers Phone #: (503) 366-0454 OR
 Date: 4/9/24 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.