

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

System Name City of Columbia Crty

PWS ID# 4100203

Month/Year April / 2024 Entry Point: EP-C

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 pm	P.W. Well # 2	.70	
2			.76	
3			.76	
4			.76	
5			.66	
6			.70	
7			.68	
8			.66	
9			.75	
10			.69	
11			.75	
12			.74	
13			.73	
14			.74	
15			.81	
16			.69	
17			.69	
18			.64	
19			.58	
20			.56	
21			.59	
22			.72	
23			.74	
24			.66	
25			.80	
26			.66	
27			.76	
28			.74	
29			.73	
30			.71	
X				

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>
--	--	---

Printed Name: Micah Rogers Title: P.W. Superintendent Operator Certification #: D-7227
 Signature: Micah Rogers Phone #: (503) 366-0454 OR
 Date: 5/8/24 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.