

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

System Name City of Columbia City

PWS ID# 41 00203

Month/Year July / 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			.81	
3		City St. Helens	.68	
4		EP-A	.66	
5			.74	
6			.76	
7			.74	
8			.70	
9			.77	
10			.70	
11			.76	
12			.83	
13			.71	
14			.81	
15			.71	
16			.64	
17			.74	
18			.64	
19			.61	
20			.61	
21			.64	
22			.62	
23			.69	
24			.74	
25			.64	
26			.67	
27			.64	
28			.61	
29			.71	
30			.64	
31			.77	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 #: 0-7227  
 Signature: [Signature] Phone #: (503) 366-0154 OR  
 Date: 8/8/2024 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.