

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

System Name City of Columbia City

PWS ID# 4100203

Month/Year Aug 12024 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	.71	
2			.70	
3		City of St. Helens	.71	
4		EP-A	.71	
5			.64	
6			.70	
7			.67	
8			.61	
9			.77	
10			.64	
11			.67	
12			.67	
13			.65	
14			.65	
15			.64	
16			.67	
17			.74	
18			.74	
19			.67	
20			.73	
21			.65	
22			.64	
23			.62	
24			.67	
25			.62	
26			.74	
27			.67	
28			.64	
29			.69	
30			.64	
31			.62	

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