

**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 Nov. / 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	.69	
2			.70	
3			.68	
4			.64	
5			.68	
6			.64	
7			.59	
8			.69	
9			.61	
10			.68	
11			.64	
12			.68	
13			.64	
14			.61	
15			.65	
16			.64	
17			.65	
18			.67	
19			.71	
20			.70	
21			.67	
22			.67	
23			.64	
24			.68	
25			.71	
26			.70	
27			.66	
28			.69	
29			.66	
30			.68	
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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____

Date it was returned to service: _____ / _____ / _____

Printed Name: Micah Rogers

Title: P.W. Superintendent Operator Certification #: D-7227

Signature: Micah Rogers

Phone #: (503) 366-0454

OR

Date: 12/10/24

Small Groundwater System ☐

Return by 10th of following month by either email dwg.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019