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

MonthVear Dec 12024 Entry Point: EP - C Required Minimum Residual O, 2 mg/L	System Name City of Columbia City PWS ID# 4100203								
Date Time Source(s) in use distribution system (mg/L) 1	Month/`	Year	Dec	12024 Entry 1	Point: EP-C	Required Minimum Residual 🔿 🛴 mg/L			
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29 30 31 Was the chlorine residual ever less than the required minimum residual of 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. Attach grab sample results and submit them with this form.									
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Printed Name: Micah Rogers Title: P.W. Superint word Operator Certification #: D-7227	Attach gr					sample results and submit them with this form.		1 1	
Signature: Munh Rosses Phone #: (503) 366-0464 OR									
Date: 19 12025 Small Groundwater System									