

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

System Name City of Columbia City PWS ID# 4100203  
 Month/Year Dec 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    | 4:30pm | P.W. Well #2     | .66  |       |
| 2    |        |                  | .64  |       |
| 3    |        |                  | .65  |       |
| 4    |        |                  | .66  |       |
| 5    |        |                  | .64  |       |
| 6    |        |                  | .63  |       |
| 7    |        |                  | .71  |       |
| 8    |        |                  | .69  |       |
| 9    |        |                  | .71  |       |
| 10   |        |                  | .70  |       |
| 11   |        |                  | .74  |       |
| 12   |        |                  | .71  |       |
| 13   |        |                  | .72  |       |
| 14   |        |                  | .72  |       |
| 15   |        |                  | .76  |       |
| 16   |        |                  | .74  |       |
| 17   |        |                  | .78  |       |
| 18   |        |                  | .75  |       |
| 19   |        |                  | .76  |       |
| 20   |        |                  | .76  |       |
| 21   |        |                  | .74  |       |
| 22   |        |                  | .71  |       |
| 23   |        |                  | .79  |       |
| 24   |        |                  | .67  |       |
| 25   |        |                  | .70  |       |
| 26   |        |                  | .68  |       |
| 27   |        |                  | .73  |       |
| 28   |        |                  | .79  |       |
| 29   |        |                  | .73  |       |
| 30   |        |                  | .71  |       |
| 31   |        |                  | .80  |       |

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.

|   |   |  |
|---|---|--|
| <b>GWS Serving 3,300 or Fewer</b><br>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<br>Attach those results and submit them with this form. | <b>GWS Serving More Than 3,300</b><br>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Attach grab sample results and submit them with this form. | Date continuous monitoring equipment failed: _____ / _____ / _____<br>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: 11912025 Small Groundwater System ☐

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

August 22, 2019