

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

System Name City of Columbia City PWS ID# 4100203
 Month/Year Jan 1/2025 Entry Point: EP-3 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	.75	
2			.64	
3			.71	
4			.75	
5			.71	
6			.64	
7			.75	
8			.69	
9			.70	
10			.70	
11			.68	
12			.73	
13			.75	
14			.77	
15			.76	
16			.79	
17			.80	
18			.79	
19			.80	
20			.76	
21			.77	
22			.70	
23			.82	
24			.74	
25			.74	
26			.68	
27			.74	
28			.72	
29			.82	
30			.73	
31			.75	

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

Signature: Micah Rogers

Date: 2/10/25

Title: P.W. Superintendent

Phone #: (503) 366-0454

Operator Certification #: D-7227

OR

Small Groundwater System ☐

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

August 22, 2019