

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

System Name City of Columbia City  
Month/Year Feb / 2025 Entry Point: EP-C

PWS ID# 41 00203

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	.74	
2			.74	
3			.67	
4			.67	
5			.77	
6			.69	
7			.72	
8			.62	
9			.61	
10			.69	
11			.64	
12			.70	
13			.76	
14			.74	
15			.79	
16			.80	
17			.80	
18			.71	
19			.72	
20			.72	
21			.75	
22			.71	
23			.73	
24			.81	
25			.68	
26			.71	
27			.68	
28			.72	
29				
30				
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

Signature: Micah Rogers

Date: 3/10/25

Title: P.W. Superintendent

Phone #: (503) 366-0154

Operator Certification #: D-7227

OR

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