

**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 Mar / 2025 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	.76	
2			.72	
3			.80	
4			.81	
5			.71	
6			.71	
7			.78	
8			.74	
9			.69	
10			.73	
11			.68	
12			.70	
13			.71	
14			.74	
15			.64	
16			.62	
17			.69	
18			.69	
19			.72	
20			.63	
21			.74	
22			.70	
23			.78	
24			.74	
25			.71	
26			.70	
27			.68	
28			.68	
29			.70	
30			.62	
31			.68	

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: 4/18/25 Small Groundwater System ☐

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