

**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 April / 2025 Entry Point: EP-6

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	4:00pm	P.W. Well # 2	.78	
2			.73	
3			.68	
4			.64	
5			.68	
6			.69	
7			.68	
8			.73	
9			.70	
10			.68	
11			.61	
12			.68	
13			.67	
14			.63	
15			.64	
16			.66	
17			.61	
18			.64	
19			.60	
20			.64	
21			.68	
22			.75	
23			.74	
24			.65	
25			.74	
26			.68	
27			.74	
28			.68	
29			.68	
30			.64	
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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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: Michah Rogers

Title: P.W. Superintendent

Operator Certification #: D-7227

Signature: Michah Rogers

Phone #: (503) 366-0454

OR

Date: 5/9/25

Small Groundwater System ☐

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

August 22, 2019