

**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 May / 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	4:30pm	P.W. Well #2	.79	
2			.80	
3			.69	
4			.64	
5			.68	
6			.74	
7			.76	
8			.70	
9			.76	
10			.68	
11			.76	
12			.75	
13			.77	
14			.64	
15			.69	
16			.67	
17			.64	
18			.62	
19			.65	
20			.67	
21			.64	
22			.62	
23			.65	
24			.64	
25			.66	
26			.71	
27			.61	
28			.62	
29			.62	
30			.61	
31			.63	

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: 6 / 9 / 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.