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

| System Name City of Columbia City PWS ID# 4100203 | | | | | | | | |
|--|------|------------------|---------------------------|---|--|--|--|--|
| Month/Year June /2025 Entry Point: EP-C Required Minimum Residual 0.2 mg/L | | | | | | | | |
| Date | Time | | Source(s) in | Source(s) in use | | Lowest free chlorine residual at entry point to distribution system (mg/L) | | Notes |
| 1 | 4:3 | 4:30pm P.W. Well | | 2 | .69 | 3 7 | | |
| 2 | 1 | 7. | P.W. Well # Gty of St. He | rus EP-A | .69 .68 .66 | | | |
| 3 | | | | | .66 | | | |
| 4 | | | | | .74 | | and the second s | |
| 5 | | | | | .78 | | | |
| 6 7 | | • | | | .78 | | , , , , , , , , , , , , , , , , , , , | |
| 8 | | | | | .78 | | Commence of Assertation | |
| 9 | J. | | | | .68 | | | |
| 10 | 1 | 1 | | | 65 | | | |
| 11 | | | | | .65 .65 | | | |
| 12 | | | | | .68 | | | |
| 13 | | | | | .64 | | | |
| 14 | | | | | .66 | | | |
| 15 | | | | | .61 | | | |
| 16 | | | | | .66 | | | |
| 17 | | | | | .68 | | | |
| 18 | 1 | | | | .66 | | | |
| 19 | - | | | | ,10 | | | |
| 20 | ++ | | | | .70 | | | |
| 21 | ++ | | | particular | .69 | | | |
| 23 | | | | | .66 | | | |
| 24 | | | 1 | | .64 | | | |
| 25 | | | | | .68 | | | , and a second s |
| 26 | 11 | | | | .58 | | | |
| 27 | | | | | .64 | | | |
| 28 | 7- | | | | .66 | | | to a continuous contin |
| 29 | | | | | .65 | | | |
| 30 | . 2 | ă. | 1 | | . 66 | | | |
| 108 | | 7 | | | | | | |
| | | | sidual ever less than the | | | | | |
| 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 GWS Serving More Than 3,300 | | | | | | | | 00 |
| | | | | | s monitoring equipment fail at any time this th? ☐ Yes ☐ No | | | Date continuous monitoring equipment failed: |
| as required? Yes No If yes, were gi | | | | | rab samples collected every four hours until the | | | 1 1 |
| Attach those results and submit them with continuous this form. | | | | | ous monitoring equipment was returned to service as | | | Date it was returned to service: |
| 1110 101 | | | | Attach grab sample results and submit them with this form. | | | 1 1 | |
| Printed Name: Micah Rogers Title: P.W. Superintend Operator Certification #: D-7227 Signature: Main Rogers Phone #: (503)366-049 OR | | | | | | | | |
| Signature: Minh Roger Phone #: (503)366-0494 OR | | | | | | | | |
| Date: 7 / (O / 2.5 Small Groundwater System | | | | | | | | |

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