

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

System Name City of Columbia City PWS ID# 4100203
 Month/Year July / 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	.68	
2		City of St Helens	.68	
3		EP-A	.61	
4			.67	
5			.69	
6			.61	
7			.60	
8			.63	
9			.63	
10			.76	
11			.78	
12			.69	
13			.73	
14			.76	
15			.75	
16			.76	
17			.67	
18			.68	
19			.67	
20			.68	
21			.81	
22			.72	
23			.69	
24			.75	
25			.77	
26			.69	
27			.78	
28			.77	
29			.63	
30			.76	
31			.67	

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: 8/8/2025

Title: P.W. Superintendent

Phone #: (503) 366-0454

Operator Certification #: D-7227

OR

Small Groundwater System ☐

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

August 22, 2019