

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

System Name <u>City of Columbia City</u>	PWS ID# <u>4100203</u>
Month/Year <u>Oct 2025</u> Entry Point: <u>EP-C</u>	Required Minimum Residual <u>0.2</u> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:30	P.W. Well #2	.58	
2			.64	
3			.71	
4			.68	
5			.71	
6			.64	
7			.72	
8			.64	
9			.70	
10			.70	
11			.73	
12			.79	
13			.77	
14			.76	
15			.77	
16			.78	
17			.81	
18			.77	
19			.78	
20			.71	
21			.79	
22			.75	
23			.84	
24			.69	
25			.71	
26			.64	
27			.64	
28			.71	
29			.81	
30			.82	
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.

<b>GWS Serving 3,300 or Fewer</b>  If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  Attach those results and submit them with this form.	<b>GWS Serving More Than 3,300</b>  Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.
	Date continuous monitoring equipment failed: _____ / _____ / _____  Date it was returned to service: _____ / _____ / _____

Printed Name: <u>Micah Rogers</u>	Title: <u>P.W. Superintendent</u>	Operator Certification #: <u>D-7227</u>
Signature: <u>[Signature]</u>	Phone #: <u>(503) 366-0264</u>	OR
Date: <u>10/10/2025</u>		Small Groundwater System <input type="checkbox"/>

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