

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

System Name City of Columbia City			PWS ID# 4100203	
Month/Year Oct 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	4:30	P.W. Well #2	.58	
2			.64	
3			.71	
4			.68	
5			.71	
6			.69	
7			.72	
8			.64	
9			.70	
10			.70	
11			.72	
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.

GWS Serving 3,300 or Fewer <p>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</p> <p>Attach those results and submit them with this form.</p>	GWS Serving More Than 3,300 <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: **Micah Rogers** Title: **P.W. Superintendent** Operator Certification #: **D-7227**
Signature: **Micah Rogers** Phone #: **(503) 366-0454** OR
Date: **10/10/2025** 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.*