

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

System Name City of Columbia City
Month/Year Nov / 2025 Entry Point: EP-C

PWS ID# 4100203

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 pm	P.W. Well #2	.68	
2			.71	
3			.71	
4			.71	
5			.74	
6			.71	
7			.79	
8			.71	
9			.74	
10			.69	
11			.69	
12			.67	
13			.65	
14			.66	
15			.68	
16			.81	
17			.78	
18			.66	
19			.73	
20			.66	
21			.80	
22			.69	
23			.79	
24			.77	
25			.65	
26			.69	
27			.65	
28			.74	
29			.68	
30			.74	

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: 12 / 9 / 25

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.

August 22, 2019