State of Oregon Drinking Water Program

# Monthly Disinfection Report for Ground Water Systems

System Name: City of Columbia City — PWS ID# 41 00203

Month/Year: Jan /2026 — 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 | .71 | |
| 2 | | | .56 | |
| 3 | | | .71 | |
| 4 | | | .70 | |
| 5 | | | .67 | |
| 6 | | | .63 | |
| 7 | | | .67 | |
| 8 | | | .63 | |
| 9 | | | .70 | |
| 10 | | | .70 | |
| 11 | | | .69 | |
| 12 | | | .71 | |
| 13 | | | .71 | |
| 14 | | | .71 | |
| 15 | | | .71 | |
| 16 | | | .72 | |
| 17 | | | .67 | |
| 18 | | | .69 | |
| 19 | | | .67 | |
| 20 | | | .69 | |
| 21 | | | .71 | |
| 22 | | | .74 | |
| 23 | | | .81 | |
| 24 | | | .80 | |
| 25 | | | .81 | |
| 26 | | | .67 | |
| 27 | | | .64 | |
| 28 | | | .67 | |
| 29 | | | .72 | |
| 30 | | | .64 | |
| 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: 2 / 9 / 2026

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 dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.***