

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

System Name Bay City Water System

PWS ID# 4 1 00079

Month/Year 03/2022

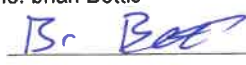
Entry Point: Wells

Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:30	1	.37	
2	8:10	2	.28	
3	8:20	1	.38	
4	8:00	1	.32	
5	10:15	2	.35	
6	10:40	1	.33	
7	8:55	1	.33	
8	8:50	1	.32	
9	9:30	1	.32	
10	9:45	1	.34	
11	8:40	-	.29	
12	8:10	-	.36	
13	9:00	2	.30	
14	8:40	2	.33	
15	7:55	1	.33	
16	8:05	1	.29	
17	7:55	-	.29	
18	9:40	1	.30	
19	10:00	1	.30	
20	8:40	2	.30	
21	8:05	2	.33	
22	7:20	1	.28	
23	9:00	1	.29	
24	8:15	1	.30	
25	8:10	2	.32	
26	9:35	2	.31	
27	8:55	2	.32	
28	8:10	2	.31	
29	7:55	2	.32	
30	7:35	1	.28	
31	7:00	-	.29	

Was the chlorine residual ever less than the required minimum residual of 0.20 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to 0.20 mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: brian Bettis Signature:  Date: 4 / 01 / 2022	Title: Bay City Water Technician Phone #: (503) 377-4121	Operator Certification #: T-09089 OR Small Groundwater System <input type="checkbox"/>
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