

**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 01/2023


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	8:15	2	.32	
2	9:25	2	.31	
3	8:45	1	.33	
4	8:45	2	.29	
5	8:30	2	.33	
6	9:30	2	.34	
7	8:15	2	.35	
8	9:15	2	.30	
9	7:50	2	.35	
10	7:45	1	.34	
11	8:40	1	.33	
12	8:20	1	.35	
13	8:00	1	.36	
14	9:00	2	.26	
15	8:30	2	.27	
16	8:30	-	.37	
17	8:40	2	.26	
18	9:00	2	.34	
19	11:50	1+2	.36	
20	11:55	2	.34	
21	8:55	1	.28	
22	10:25	1	.32	
23	8:15	1	.31	
24	8:35	2	.27	
25	8:25	1	.28	
26	8:15	1	.32	
27	8:45	2	.30	
28	10:10	2	.35	
29	10:35	2	.35	
30	8:00	1	.34	
31	8:30	2	.32	

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>GWS Serving 3,300 or Fewer</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 align="center">GWS Serving More Than 3,300</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	Title: Bay City Water Technician	Operator Certification #: T-09089
Signature: 	Phone #: (503) 377-4121	OR
Date: 02 / 02 / 2023		Small Groundwater System <input type="checkbox"/>