

**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 03/2023 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	8:20	2	.33	
2	8:20	1	.32	
3	8:15	1+2	.29	
4	8:55	2	.35	
5	9:20	2	.36	
6	8:40	2	.36	
7	8:30	2	.33	
8	7:40	1+2	.35	
9	7:40	1	.32	
10	8:10	1	.32	
11	10:35	1	.32	
12	9:50	1	.31	
13	8:25	-	.32	
14	7:50	1	.30	
15	7:40	2	.36	
16	7:30	-	.34	
17	7:50	1	.37	
18	9:05	1	.37	
19	9:05	1	.36	
20	7:41	1	.38	
21	7:35	2	.34	
22	8:10	2	.34	
23	9:20	2	.33	
24	8:20	2	.33	
25	7:55	2	.34	
26	7:50	2	.33	
27	8:40	-	.32	
28	7:50	2	.36	
29	9:00	2	.34	
30	8:30	2	.36	
31	9:05	1	.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 align="center"><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: 04 / 03 / 2023	Title: Bay City Water Technician Phone #: (503) 377-4121	Operator Certification #: T-09089 OR Small Groundwater System <input type="checkbox"/>
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