

**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	08/2023	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	8:50	1+2	.38	
2	8:20	1+2	.43	
3	8:30	2	.40	
4	8:20	1+2	.37	
5	8:45	2	.35	
6	9:50	2	.42	
7	8:45	1+2	.35	
8	9:00	2	.34	
9	8:50	2	.37	
10	8:00	2	.36	
11	9:05	2	.32	
12	10:40	1	.34	
13	9:00	1	.31	
14	8:35	2	.31	
15	9:35	1+2	.31	
16	9:00	1	.34	
17	8:40	1	.32	
18	8:10	1	.32	
19	9:10	1	.30	
20	10:35	2	.30	
21	8:50	1	.30	
22	8:20	1	.32	
23	7:40	1	.31	
24	8:45	2	.29	
25	8:30	2	.29	
26	10:20	-	.32	
27	10:00	1	.31	
28	7:05	1	.32	
29	8:30	1	.30	
30	8:00	1	.32	
31	7:50	1	.30	

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> <table border="0" style="width:100%;"> <tr> <td style="width:60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: brian Bettis Signature:  Date: 09 / 06 / 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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