

**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 10/2023


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	7:50	-	.32	
2	7:40	1	.30	
3	7:05	1	.31	
4	8:25	2	.31	
5	7:10	2	.31	
6	8:10	1	.36	
7	7:40	2	.32	
8	7:50	1	.37	
9	7:35	1	.35	
10	7:05	2	.32	
11	7:45	2	.32	
12	6:55	2	.31	
13	7:15	2	.31	
14	10:50	2	.32	
15	11:10	1	.32	
16	8:05	1	.31	
17	7:15	1	.31	
18	7:05	1	.31	
19	6:15	2	.31	
20	7:00	1	.31	
21	10:10	2	.33	
22	9:25	1	.33	
23	8:20	1	.31	
24	7:20	2	.33	
25	7:20	1	.30	
26	7:15	2	.31	
27	7:30	1	.31	
28	9:45	2	.29	
29	10:15	1	.28	
30	7:30	-	.31	
31	8:30	2	.36	

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>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 Signature:  Date: 11 / 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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