

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 02/2024 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	8:40	2	.35	
2	8:20	2	.34	
3	8:20	2	.34	
4	8:35	2	.32	
5	9:35	1	.33	
6	8:40	2	.38	
7	7:55	2	.33	
8	8:10	2	.32	
9	8:15	2	.32	
10	7:50	2	.31	
11	9:15	2	.31	
12	8:40	2	.32	
13	8:00	2	.35	
14	7:50	2	.34	
15	8:25	1	.40	
16	8:15	1	.30	
17	9:50	1	.31	
18	6:40	2	.31	
19	8:55	2	.32	
20	8:10	1	.31	
21	8:40	-	.31	
22	8:30	2	.35	
23	9:30	2	.35	
24	9:25	2	.35	
25	10:55	2	.36	
26	9:35	2	.34	
27	7:55	-	.34	
28	8:05	2	.35	
29	8:50	2	.33	
30				
31				

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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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  Attach those results and submit them with this form.	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  Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /

Printed Name: brian Bettis Signature: <u>B. Bettis</u> Date: 03 / 01 / 2024	Title: Bay City Water Technician Phone #: (503) 377-4121	Operator Certification #: T-09089 OR Small Groundwater System <input type="checkbox"/>
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