

**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 04/2024 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	8:55	2	.37	
2	8:15	1	.30	
3	8:30	2	.31	
4	8:10	1+2	.29	
5	9:55	1	.34	
6	4:55	1	.32	
7	10:45	1	.30	
8	8:00	2	.28	
9	8:30	1	.29	
10	7:50	1	.32	
11	7:55	1	.32	
12	9:30	1	.30	
13	7:45	1	.34	
14	8:30	1	.34	
15	8:10	2	.29	
16	8:20	2	.35	
17	8:30	2	.28	
18	8:15	2	.34	
19	9:45	2	.34	
20	7:55	2	.31	
21	7:50	2	.33	
22	8:15	2	.35	
23	8:35	1	.30	
24	8:30	1	.30	
25	9:40	1	.34	
26	9:00	2	.33	
27	10:00	1	.34	
28	9:20	1+2	.21	
29	8:30	1+2	.39	
30	9:30	2	.42	
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.

<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>
--	---	---

Printed Name: brian Bettis Signature:  Date: 05 / 03 / 2024	Title: Bay City Water Technician Phone #: (503) 377-4121	Operator Certification #: T-09089 OR Small Groundwater System <input type="checkbox"/>
--	---	--