

**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 **06/2024** 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	12:45	2	.36	
2	11:55	1	.30	
3	8:20	1	.34	
4	8:50	1	.30	
5	8:50	2	.34	
6	8:30	1	.30	
7	8:30	1	.30	
8	7:45	1	.30	
9	7:20	1	.31	
10	8:20	1	.30	
11	9:00	1+2	.40	
12	8:05	2	.31	
13	9:25	2	.32	
14	7:35	2	.31	
15	10:40	1	.31	
16	6:50	2	.30	
17	8:40	2	.34	
18	8:05	2	.36	
19	8:25	1	.28	
20	12:15	1	.36	
21	8:30	1	.28	
22	8:40	2	.31	
23	12:25	2	.28	
24	8:15	1	.34	
25	9:00	1+2	.35	
26	8:20	2	.25	
27	8:00	1	.32	
28	8:30	1	.30	
29	7:40	2	.28	
30	7:45	2	.28	
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><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><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>
--	---	---

Printed Name: <b>brian Bettis</b>	Title: <b>Bay City Water Technician</b>	Operator Certification #: <b>T-09089</b>
Signature: 	Phone #: <b>(503) 377-4121</b>	OR
Date: <b>07 / 01 / 2024</b>		Small Groundwater System <input type="checkbox"/>