


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 **july/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    | 8:20  | 2                | .35  |       |
| 2    | 8:20  | 1                | .35  |       |
| 3    | 8:10  | 1                | .35  |       |
| 4    | 8:50  | 2                | .34  |       |
| 5    | 9:20  | 1                | .32  |       |
| 6    | 9:40  | 1                | .28  |       |
| 7    | 10:20 | 1                | .27  |       |
| 8    | 8:10  | -                | .32  |       |
| 9    | 7:55  | 1                | .32  |       |
| 10   | 8:20  | 2                | .25  |       |
| 11   | 9:30  | 1+2              | .31  |       |
| 12   | 8:00  | 2                | .38  |       |
| 13   | 7:55  | 2                | .30  |       |
| 14   | 10:20 | 2                | .28  |       |
| 15   | 8:05  | 2                | .27  |       |
| 16   | 8:20  | 2                | .36  |       |
| 17   | 8:00  | 1+2              | .33  |       |
| 18   | 8:55  | 1                | .26  |       |
| 19   | 9:00  | 2                | .38  |       |
| 20   | 10:05 | 2                | .35  |       |
| 21   | 8:50  | 2                | .35  |       |
| 22   | 7:10  | 1+2              | .38  |       |
| 23   | 7:55  | 1+2              | .42  |       |
| 24   | 7:50  | 2                | .35  |       |
| 25   | 8:40  | 2                | .32  |       |
| 26   | 8:15  | 2                | .28  |       |
| 27   | 10:20 | 1                | .29  |       |
| 28   | 10:30 | 1+2              | .32  |       |
| 29   | 8:30  | 2                | .30  |       |
| 30   | 8:40  | 1                | .30  |       |
| 31   | 8:25  | 2                | .41  |       |

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:<br/>/ /</p> <p>Date it was returned to service:<br/>/ /</p> |
|--|---|---|

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|--|---|---|
| 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>08 / 05 / 2024</b>  |   | Small Groundwater System <input type="checkbox"/> |