

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Bay City Water System

PWS ID# 4 1 00079

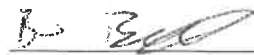
Month/Year 08/2024  Entry Point: Wells

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	.31	
2	8:30	2	.34	
3	8:30	2	.30	
4	8:40	2	.32	
5	8:30	2	.32	
6	7:00	1	.31	
7	8:00	2	.33	
8	9:00	2	.30	
9	9:00	1	.31	
10	8:35	1	.29	
11	10:00	2	.29	
12	12:50	2	.30	
13	12:00	1	.30	
14	8:00	2	.29	
15	8:05	1	.28	
16	8:00	1	.25	
17	8:30	1	.27	
18	9:00	2	.29	
19	10:20	2	.31	
20	10:55	1	.25	
21	8:00	2	.32	
22	8:20	2	.30	
23	8:45	-	.30	
24	8:45	2	.31	
25	8:30	2	.35	
26	8:35	-	.32	
27	8:05	2	.34	
28	8:30	1	.26	
29	8:45	2	.36	
30	8:50	2	.36	
31	8:30	2	.30	

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 / 05 / 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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