

**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 11/2024


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	8:45	2	.27	
2	8:20	1	.36	
3	7:45	2	.29	
4	8:40	1	.30	
5	8:40	1	.37	
6	8:30	2	.25	
7	11:30	2	.25	
8	8:25	2	.30	
9	9:10	1	.26	
10	10:10	1	.30	
11	9:30	1	.31	
12	8:25	2	.41	
13	8:05	1	.41	
14	8:30	1	.40	
15	8:30	2	.30	
16	9:15	1	.45	
17	10:30	1+2	.45	
18	8:50	1+2	.38	
19	8:45	2	.25	
20	8:35	2	.32	
21	8:15	1	.34	
22	9:00	2	.38	
23	8:50	2	.38	
24	7:00	1	.30	
25	7:50	1	.37	
26	8:45	1+2	.37	
27	1:45	1	.36	
28	10:35	2	.34	
29	11:30	1	.36	
30	12:05	1	.34	
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 align="center">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	Title: Bay City Water Technician	Operator Certification #: T-09089
Signature: 	Phone #: (503) 377-4121	OR
Date: 12 / 02 / 2024		Small Groundwater System <input type="checkbox"/>