

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 12/2024

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    | 12:20 | 1                | .32  |       |
| 2    | 9:30  | 1+2              | .35  |       |
| 3    | 8:45  | 1                | .29  |       |
| 4    | 9:00  | 2                | .34  |       |
| 5    | 8:15  | 1+2              | .34  |       |
| 6    | 10:30 | 1+2              | .33  |       |
| 7    | 9:20  | 2                | .34  |       |
| 8    | 10:00 | 2                | .32  |       |
| 9    | 8:00  | 2                | .36  |       |
| 10   | 9:15  | 1                | .32  |       |
| 11   | 8:50  | 1+2              | .38  |       |
| 12   | 8:20  | 1                | .29  |       |
| 13   | 7:50  | 1+2              | .34  |       |
| 14   | 6:15  | -                | .49  |       |
| 15   | 10:35 | 1                | .27  |       |
| 16   | 8:15  | 2                | .33  |       |
| 17   | 7:35  | 2                | .39  |       |
| 18   | 9:15  | 1+2              | .36  |       |
| 19   | 8:30  | 2                | .37  |       |
| 20   | 8:40  | 1                | .32  |       |
| 21   | 8:05  | 1                | .28  |       |
| 22   | 9:25  | 1                | .38  |       |
| 23   | 8:40  | 2                | .31  |       |
| 24   | 8:20  | 1                | .41  |       |
| 25   | 7:10  | 2                | .37  |       |
| 26   | 8:20  | 2                | .33  |       |
| 27   | 8:20  | -                | .36  |       |
| 28   | 8:40  | 2                | .41  |       |
| 29   | 9:45  | 1                | .34  |       |
| 30   | 8:20  | 1                | .35  |       |
| 31   | 8:30  | 1                | .34  |       |

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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Brian Bettis

Title: Water Technician

Operator Certification #: T-09089

Signature: 

Phone #: (503) 812-1285

OR

Date: 01 / 02 / 2025

Small Groundwater System ☐