

**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 <sup>03</sup> 04/2025

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	7:25	2+3	.26	
2	7:20	3	.37	
3	8:55	-	.33	
4	8:40	2+3	.32	
5	8:35	3	.34	
6	8:30	3	.33	
7	8:45	3	.32	
8	7:25	2+3	.39	
9	10:00	2+3	.33	
10	8:25	-	.41	
11	8:30	3	.27	
12	8:30	3	.36	
13	8:30	3+2	.27	
14	8:40	3+2	.26	
15	10:25	3+2	.31	
16	9:15	-	.30	
17	8:50	2+3	.37	
18	9:10	2+3	.32	
19	8:15	2+3	.28	
20	8:10	2+3	.33	
21	8:40	2+3	.34	
22	9:15	3	.38	
23	9:40	2+3	.35	
24	8:00	3	.28	
25	8:00	3	.30	
26	7:40	2+3	.47	
27	7:50	3	.37	
28	9:40	-	.45	
29	10:10	2+3	.30	
30	10:35	2+3	.39	
31	815	2+3	.40	

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 0.20 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: Bay City Water Technician

Operator Certification #: T-09089

Signature: 

Phone #: (503) 377-4121

OR

Date: 04 / 02 / 2025

Small Groundwater System ☐

December 19, 2012