

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

System Name Bay City Water System

PWS ID# 41 00079

Month/Year 04/20225

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	8:00	2+3	.41	
2	8:25	2+3	.36	
3	8:20	2+3	.40	
4	8:50	2+3	.30	
5	8:20	2+3	.39	
6	8:30	2+3	.42	
7	8:20	-	.24	
8	8:35	3	.35	
9	8:25	2+3	.34	
10	7:35	3	.34	
11	9:50	2+3	.33	
12	9:50	2+3	.33	
13	11:20	3	.34	
14	8:20	2+3	.41	
15	8:45	3	.32	
16	8:05	2+3	.47	
17	7:45	2+3	.46	
18	8:30	2+3	.35	
19	8:30	3	.43	
20	8:10	-	.34	
21	10:00	2+3	.42	
22	8:20	2+3	.34	
23	8:00	2+3	.39	
24	7:40	2+3	.37	
25	8:40	3	.40	
26	8:55	3	.41	
27	8:15	3	.39	
28	8:00	2+3	.42	
29	8:10	2+3	.42	
30	7:40	2+3	.39	
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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: 05 / 07 / 2025

Small Groundwater System ☐