

**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 10/2025

Entry Point: Wells

Required Minimum Residual 0.20 mg/L

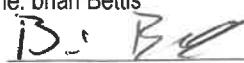
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:50	2+3	.40	
2	8:35	2	.34	
3	9:00	2+3	.36	
4	9:30	2	.32	
5	8:50	2	.34	
6	8:30	2	.28	
7	8:15	2	.30	
8	8:25	1+2	.36	
9	8:45	2	.28	
10	9:30	2+3	.39	
11	12:30	2	.40	
12	12:20	2	.42	
13	8:00	2	.30	
14	8:00	1	.36	
15	8:30	1+2	.36	
16	8:30	1+2	.40	
17	8:45	1+2	.41	
18	8:00	1+2	.43	
19	8:40	1	.30	
20	8:10	1	.32	
21	8:15	1	.35	
22	8:35	1	.33	
23	8:35	1	.31	
24	8:50	1	.39	
25	7:35	1	.44	
26	7:50	2	.30	
27	8:15	1	.35	
28	8:05	1	.40	
29	8:25	1+2	.39	
30	8:40	2	.32	
31	8:25	1	.38	

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	GWS Serving More Than 3,300
<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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>

Printed Name: brian Bettis

Signature: 

Date: 11 / 06 / 2025

Title: Bay City Water Technician

Phone #: (503) 377-4121

Operator Certification #: T-09089

OR

Small Groundwater System

December 19, 2012