

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

System Name Bay City Water System

PWS ID# 4 1 00079

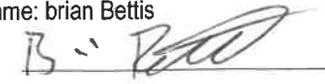
Month/Year 01/2026 Entry Point: Wells

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	8:40	1	.45	
2	9:00	1	.35	
3	7:40	2	.38	
4	7:35	1+2	.36	
5	8:00	1	.40	
6	8:00	2	.35	
7	8:05	1+2	.38	
8	9:00	1+2	.36	
9	6:55	1+2	.38	
10	7:15	2	.39	
11	7:50	1+2	.37	
12	8:30	2	.36	
13	9:00	1	.38	
14	9:00	1+2	.41	
15	9:30	1	.40	
16	9:10	1	.30	
17	8:15	2	.28	
18	12:40	1+2	.27	
19	8:45	1+2	.30	
20	9:30	1+2	.35	
21	8:20	1+2	.23	
22	8:20	1+2	.35	
23	9:40	1	.35	
24	12:20	1	.30	
25	11:30	1	.26	
26	8:15	1	.30	
27	8:05	2	.35	
28	8:00	1+2	.30	
29	8:35	2	.44	
30	9:00	1+3	.35	
31	7:50	2+3	.42	

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><b>GWS Serving 3,300 or Fewer</b></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"><b>GWS Serving More Than 3,300</b></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: 01 / 03 / 2026		Small Groundwater System <input type="checkbox"/>