

**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 02/2026 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	8:15	1+2	.37	
2	9:40	3	.36	
3	8:50	1+2	.41	
4	8:40	2+3	.43	
5	8:20	2	.43	
6	8:30	1+3	.35	
7	8:20	1	.43	
8	8:40	3	.31	
9	8:00	1+3	.45	
10	7:55	1+3	.36	
11	8:50	1	.36	
12	8:00	1	.38	
13	8:15	1+2	.28	
14	7:35	1	.40	
15	7:00	3	.40	
16	9:05	1+3	.37	
17	9:00	1+3	.41	
18	8:10	1	.35	
19	8:25	1	.35	
20	7:20	2+3	.48	
21	10:40	1+2	.31	
22	9:55	2+3	.30	
23	8:45	1	.35	
24	8:50	2	.33	
25	8:20	2	.33	
26	8:35	2	.35	
27	8:20	2	.29	
28	11:40	-	.37	
29				
30				
31				

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><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>
--	---	---

Printed Name: brian Bettis Signature:  Date: 03 / 04 / 2026	Title: Bay City Water Technician Phone #: (503) 377-4121	Operator Certification #: T-09089 OR Small Groundwater System <input type="checkbox"/>
--	---	--