

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 05/2025

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	9:00	1+3	.34	
2	8:30	2	.38	
3	7:30	2+3	.42	
4	7:00	3	.44	
5	8:20	2+3	.44	
6	7:50	2	.34	
7	8:00	1+2	.41	
8	7:50	1+2	.36	
9	8:15	1+2	.33	
10	7:25	2	.35	
11	11:10	2	.39	
12	8:00	3	.35	
13	7:15	2+3	.30	
14	7:40	3	.38	
15	7:45	2+3	.39	
16	6:45	2	.36	
17	11:20	2+3	.35	
18	11:20	2	.37	
19	7:50	2+3	.39	
20	8:30	2+3	.36	
21	7:20	1	.33	
22	10:05	1+3	.39	
23	8:15	2	.35	
24	8:40	2	.39	
25	9:05	1	.38	
26	10:45	2	.38	
27	9:25	2+3	.39	
28	8:20	2+3	.41	
29	8:00	2	.37	
30	9:30	2+3	.36	
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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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: 06 / 04 / 2025

Small Groundwater System ☐