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

Month/Year   06/2025   Entry Point:   Wells   Required Minimum Residual   0.20 mg/L	System Name Bay City Water System PWS ID# 4 1 00079							
Date   Time   Source(s) in use   residual at entry point to distribution system (mg/L)	Month/	Year C	06/2025 Entry Po	int: Wells	Required Minimum Residual 0.20 mg/L			
2   9:00   30   31   31   31   31   31   31	Date	Time Source(s) i		n use	residual at entry point to			
2	1	10:35	.37					
3   8:10   31		9:00	.30					
Second		8:10	.31					
Second			.31					
7 7:30	5	8:20	.3.7					
8 7:00	6	9:00	.40					
9 8:40	7	7:30	.39					
10	8	7:00	.34					
11		8:40	.29					
12   8:20   .35	10	8:30	.34					
13   8:20   39   39   39   30   40   11:20   40   41   11:20   41   41   11:20   41   41   41   41   41   41   41   4	11	8:30	.26					
11	12	8:20	.35					
11:20	13	8:20	.39					
16	14	11:20	.40					
17 8:45 .35  18 8:15 .36  19 7:10 .38  20 10:35 .37  21 8:20 .38  22 9:30 .34  23 9:20 .30  24 9:00 .31  25 8:45 .45  26 8:40 .41  27 8:00 .41  28 6:35 .30  29 11:00 .40  30 8:30 .34  31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?	15	11:20	.41					
18	16	9:00	.35	<u>`</u>				
19 7:10 38 20 10:35 .37 21 8:20 .38 22 9:30 .34 23 9:20 .30 24 9:00 .31 25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?	17	8:45	.35					
20 10:35 37 21 8:20 38 22 9:30 34 23 9:20 30 24 9:00 31 25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 34 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.  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 If yes, were grab samples collected every four hours until the continuous monitoring equipment fail at any time this reporting month? Yes No Attach those results and submit them with this form.	18	8:15	.36					
21 8:20 38 22 9:30 34 23 9:20 30 24 9:00 31 25 8:45 45 26 8:40 41 27 8:00 41 28 6:35 30 29 11:00 40 30 8:30 34 31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?  Yes No lf 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 lf yes, did you monitor every four hours until the residual returned to 0.20 mg/L as required?  Yes No lf yes, were grab samples collected every four hours until the reporting month? Yes No lf yes, were grab samples collected every four hours until the continuous monitoring equipment fail at any time this reporting month? Yes No lf yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No late it was returned to service as required? Yes No late it was returned to service.  Attach grab sample results and submit them with this form.	19	7:10	.38			_		
22 9:30 .34 23 9:20 .30 24 9:00 .31 25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 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.  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.  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.	20	10:35	.37					
23 9:20 .30 24 9:00 .31 25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 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.  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.  Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No  Attach those results and submit them with this form.  Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No  Attach grab sample results and submit them with this form.  Attach grab sample results and submit them with this form.	21	8:20	.38					
24 9:00 31 25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?	22	9:30	.34					
25 8:45 .45 26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 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.  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  Date 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.	23	9:20	.30					
26 8:40 .41 27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?  Yes No lf 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 0.20 mg/L as required? Yes No  Attach those results and submit them with this form.  GWS Serving More Than 3,300 Date 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.	24	9:00	.31					
27 8:00 .41 28 6:35 .30 29 11:00 .40 30 8:30 .34 31  Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?	25	8:45	.45					
28 6:35 .30 29 11:00 .40 30 8:30 .34 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.  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.  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.	26	8:40	.41					
29 11:00 .40 30 8:30 .34 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.  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.  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.	27	8:00						
30 8:30 .34  31	28	6:35	.30					
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 0.20 mg/L as required? ☐ Yes ☐ No  Attach those results and submit them with this form.  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 was returned to service as required? ☐ Yes ☐ No  Attach grab sample results and submit them with this form.	29	-						
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L?		8:30	.34					
If yes, what was the longest time period until the required level was restored?    Moure - If > 4 hours, Drinking Water Program to be hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water Program to hours - If > 4 hours, Drinking Water - If > 4 hours, Drinking Water - If > 4 hours, Drinking W						<u> </u>		
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?	Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? ☐ Yes ☐ No							
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.  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 fail at any time this reporting month? 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							
If yes, did you monitor every four hours until the residual returned to 0.20 mg/L as required?	GW	S Servin	g 3,300 or Fewer		GWS Serving More Than 3,300			
required?	If yes, did you monitor every four hours until the residual returned to 0.20 mg/L as required?			reporting month? Yes No equipment failed:  If yes, were grab samples collected every four hours until the / /				
Attach those results and submit them with this form.  If yes, were grab samples collected every four nodes that the continuous monitoring equipment was returned to service as required?  Attach grab sample results and submit them with this form.  Date it was returned to service:							1 1	
this form.  required? Yes No  Attach grab sample results and submit them with this form.  / / /							Date it was returned to	
Attach grab sample results and submit them with this form.					required? Yes No service:			
				•	· · · · · · · · · · · · · · · · · · ·			
	Printed Name: brian Bettis							
Phone #: (503) 377-4121 OR		Signature: B			Phone #: (503) 377-4121		OR	
Signature.	Date: 7 / 02 / 2025			TIK	5110 11 (000) 011 1121	Small G		