

**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 07/2025

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	8:05	1+2	.37	
2	8:30	1+2	.31	
3	7:45	1	.34	
4	11:25	1	.35	
5	11:30	1+2	.38	
6	11:05	-	.39	
7	8:30	1+2	.40	
8	8:15	1+2	.32	
9	7:00	2	.39	
10	8:10	1+2	.43	
11	8:55	1+2	.35	
12	11:10	1+2	.37	
13	10:25	1+2	.34	
14	8:25	1+2	.29	
15	8:25	2	.31	
16	8:20	1+2	.40	
17	8:50	1+2	.37	
18	9:40	-	.30	
19	7:15	1	.30	
20	7:05	1+2	.31	
21	9:20	1+2	.33	
22	7:30	1	.35	
23	7:40	1+2	.32	
24	8:20	1+2	.30	
25	7:20	1+2	.30	
26	8:00	1+2	.33	
27	7:40	1+2	.41	
28	10:00	1+2	.38	
29	8:35	1+2	.35	
30	8:40	1+2	.29	
31	9:25	1+2	.35	

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**

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

Signature: 

Date: 08 / 01 / 2025

Title: Bay City Water Technician

Phone #: (503) 377-4121

Operator Certification #: T-09089

OR

Small Groundwater System ☐