

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

System Name Medford Water Commission

PWS ID# 4 1 00513

Month/Year Jan/2021

Entry Point: EP-A EP Big Butte Springs

Required Minimum Residual 0.25 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1037	Big Butte Springs src AA & AB	0.60	
2	0707	Big Butte Springs src AA & AB	0.60	
3	1107	Big Butte Springs src AA & AB	0.59	
4	0859	Big Butte Springs src AA & AB	0.41	
5	0237	Big Butte Springs src AA & AB	0.46	
6	0001	Big Butte Springs src AA & AB	0.61	
7	1737	Big Butte Springs src AA & AB	0.55	
8	0529	Big Butte Springs src AA & AB	0.61	
9	1707	Big Butte Springs src AA & AB	0.61	
10	1158	Big Butte Springs src AA & AB	0.60	
11	1845	Big Butte Springs src AA & AB	0.48	
12	0028	Big Butte Springs src AA & AB	0.61	
13	0928	Big Butte Springs src AA & AB	0.60	
14	0929	Big Butte Springs src AA & AB	0.60	
15	0007	Big Butte Springs src AA & AB	0.62	
16	1429	Big Butte Springs src AA & AB	0.61	
17	1207	Big Butte Springs src AA & AB	0.61	
18	1128	Big Butte Springs src AA & AB	0.61	
19	0337	Big Butte Springs src AA & AB	0.59	
20	0458	Big Butte Springs src AA & AB	0.60	
21	0528	Big Butte Springs src AA & AB	0.59	
22	1636	Big Butte Springs src AA & AB	0.60	
23	1007	Big Butte Springs src AA & AB	0.59	
24	1428	Big Butte Springs src AA & AB	0.60	
25	0228	Big Butte Springs src AA & AB	0.59	
26	1928	Big Butte Springs src AA & AB	0.58	0937-0939 SCADA out
27	2236	Big Butte Springs src AA & AB	0.59	1346-1459 CL-17 Maint.
28	0859	Big Butte Springs src AA & AB	0.58	
29	2236	Big Butte Springs src AA & AB	0.54	
30	1006	Big Butte Springs src AA & AB	0.53	
31	0406	Big Butte Springs src AA & AB	0.51	

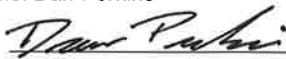
Was the chlorine residual ever less than the required minimum residual of 0.25 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?  <i>Attach those results and submit them with this form.</i></p>	<p align="center"><b>GWS Serving More Than 3,300</b></p> <table border="0"> <tr> <td style="width: 60%;">                     Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                       If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  <input type="checkbox"/> Yes <input type="checkbox"/> No   <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;">                     Date continuous monitoring equipment failed:                      / /                       Date it was returned to service:                      / /                 </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /
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Printed Name: Dan Perkins

Title: Plant Supervisor

Operator Certification #: 2339

Signature: 

Phone #: (541) 774-2434

OR

Date: 2 / 01 / 2021

Small Groundwater System