

**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 Feb/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	0328	Big Butte Springs src AA & AB	0.51	
2	0958	Big Butte Springs src AA & AB	0.57	
3	2251	Big Butte Springs src AA & AB	0.57	
4	0643	Big Butte Springs src AA & AB	0.56	
5	1627	Big Butte Springs src AA & AB	0.56	
6	1328	Big Butte Springs src AA & AB	0.60	
7	1306	Big Butte Springs src AA & AB	0.59	
8	0158	Big Butte Springs src AA & AB	0.56	
9	2019	Big Butte Springs src AA & AB	0.59	
10	2242	Big Butte Springs src AA & AB	0.57	
11	0259	Big Butte Springs src AA & AB	0.55	
12	2106	Big Butte Springs src AA & AB	0.56	
13	1236	Big Butte Springs src AA & AB	0.55	
14	2306	Big Butte Springs src AA & AB	0.53	
15	1558	Big Butte Springs src AA & AB	0.53	
16	0058	Big Butte Springs src AA & AB	0.53	
17	0746	Big Butte Springs src AA & AB	0.60	
18	0033	Big Butte Springs src AA & AB	0.60	
19	1849	Big Butte Springs src AA & AB	0.59	
20	1009	Big Butte Springs src AA & AB	0.59	
21	1427	Big Butte Springs src AA & AB	0.59	
22	0001	Big Butte Springs src AA & AB	0.59	
23	0427	Big Butte Springs src AA & AB	0.58	
24	0036	Big Butte Springs src AA & AB	0.58	0757-0808 CL-17 Reagent Change
25	1301	Big Butte Springs src AA & AB	0.60	
26	2127	Big Butte Springs src AA & AB	0.59	
27	2227	Big Butte Springs src AA & AB	0.58	
28	2227	Big Butte Springs src AA & AB	0.58	
29	N/A	Big Butte Springs src AA & AB	N/A	
30	N/A	Big Butte Springs src AA & AB	N/A	
31	N/A	Big Butte Springs src AA & AB	N/A	

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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?

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?

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: Dan Perkins

Signature: 

Date: 3 / 02 / 2021

Title: Plant Supervisor

Phone #: (541) 774-2434

Operator Certification #: 2339

OR

Small Groundwater System