

**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 March/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	1256	Big Butte Springs src AA & AB	0.57	
2	1927	Big Butte Springs src AA & AB	0.57	
3	1156	Big Butte Springs src AA & AB	0.56	
4	2158	Big Butte Springs src AA & AB	0.58	
5	0137	Big Butte Springs src AA & AB	0.58	0846-0901,1403-1415 SCADA out
6	0454	Big Butte Springs src AA & AB	0.58	
7	1421	Big Butte Springs src AA & AB	0.58	
8	0026	Big Butte Springs src AA & AB	0.58	
9	1418	Big Butte Springs src AA & AB	0.57	
10	1827	Big Butte Springs src AA & AB	0.59	
11	1427	Big Butte Springs src AA & AB	0.59	
12	0005	Big Butte Springs src AA & AB	0.59	
13	0601	Big Butte Springs src AA & AB	0.57	
14	0005	Big Butte Springs src AA & AB	0.58	
15	1152	Big Butte Springs src AA & AB	0.55	
16	0831	Big Butte Springs src AA & AB	0.57	
17	2328	Big Butte Springs src AA & AB	0.53	
18	0651	Big Butte Springs src AA & AB	0.54	
19	1927	Big Butte Springs src AA & AB	0.47	
20	0801	Big Butte Springs src AA & AB	0.48	
21	0810	Big Butte Springs src AA & AB	0.55	
22	0005	Big Butte Springs src AA & AB	0.56	
23	0727	Big Butte Springs src AA & AB	0.56	
24	0317	Big Butte Springs src AA & AB	0.57	1100-1108, 1119-1127 CL-17 Reagent
25	0727	Big Butte Springs src AA & AB	0.60	
26	0019	Big Butte Springs src AA & AB	0.61	
27	0001	Big Butte Springs src AA & AB	0.61	
28	1513	Big Butte Springs src AA & AB	0.60	
29	0905	Big Butte Springs src AA & AB	0.59	
30	2127	Big Butte Springs src AA & AB	0.59	
31	0758	Big Butte Springs src AA & AB	0.58	1809-1818 SCADA out

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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

<p>Printed Name: Dan Perkins</p> <p>Signature: </p> <p>Date: 4 / 01 / 2021</p>	<p>Title: Plant Supervisor</p> <p>Phone #: (541) 774-2434</p>	<p>Operator Certification #: 2339</p> <p align="center">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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