


**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 **April/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	0105	Big Butte Springs src AA & AB	0.59	
2	0005	Big Butte Springs src AA & AB	0.59	
3	0001	Big Butte Springs src AA & AB	0.59	
4	0026	Big Butte Springs src AA & AB	0.58	
5	2205	Big Butte Springs src AA & AB	0.58	
6	0811	Big Butte Springs src AA & AB	0.58	
7	2257	Big Butte Springs src AA & AB	0.58	
8	0001	Big Butte Springs src AA & AB	0.58	
9	1256	Big Butte Springs src AA & AB	0.60	
10	0636	Big Butte Springs src AA & AB	0.59	
11	2025	Big Butte Springs src AA & AB	0.58	
12	1057	Big Butte Springs src AA & AB	0.57	
13	0527	Big Butte Springs src AA & AB	0.60	
14	0454	Big Butte Springs src AA & AB	0.59	
15	0631	Big Butte Springs src AA & AB	0.60	0241-0244 SCADA out
16	0827	Big Butte Springs src AA & AB	0.59	
17	0157	Big Butte Springs src AA & AB	0.60	
18	0105	Big Butte Springs src AA & AB	0.59	
19	1343	Big Butte Springs src AA & AB	0.59	
20	1139	Big Butte Springs src AA & AB	0.58	1048-1053 SCADA out
21	0935	Big Butte Springs src AA & AB	0.59	
22	1034	Big Butte Springs src AA & AB	0.57	
23	1053	Big Butte Springs src AA & AB	0.39	0757-0801 1032-1052 CL-17 Maint.
24	1314	Big Butte Springs src AA & AB	0.58	
25	0704	Big Butte Springs src AA & AB	0.59	1103-1125 CL-17 Reagent Change
26	0521	Big Butte Springs src AA & AB	0.58	
27	1008	Big Butte Springs src AA & AB	0.57	
28	1312	Big Butte Springs src AA & AB	0.55	
29	0612	Big Butte Springs src AA & AB	0.57	
30	0127	Big Butte Springs src AA & AB	0.56	
31	N/A	Big Butte Springs src AA & AB	N/A	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

<p>GWS Serving 3,300 or Fewer</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">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 <i>Attach grab sample results and submit them with this form.</i></p> <p>Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Dan Perkins Signature:  Date: 5 / 3 / 2021	Title: Plant Supervisor Phone #: (541) 774-2434	Operator Certification #: 2339 OR Small Groundwater System <input type="checkbox"/>
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