

**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 May/2021

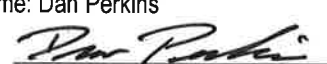
Entry Point: EP-A EP Big Butte Springs

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	0813	Big Butte Springs src AA & AB	0.57	
2	0857	Big Butte Springs src AA & AB	0.56	
3	1134	Big Butte Springs src AA & AB	0.58	
4	1112	Big Butte Springs src AA & AB	0.56	
5	0001	Big Butte Springs src AA & AB	0.61	
6	1104	Big Butte Springs src AA & AB	0.59	
7	2134	Big Butte Springs src AA & AB	0.60	
8	0904	Big Butte Springs src AA & AB	0.58	
9	1127	Big Butte Springs src AA & AB	0.60	
10	1304	Big Butte Springs src AA & AB	0.58	
11	1957	Big Butte Springs src AA & AB	0.40	
12	1500	Big Butte Springs src AA & AB	0.44	
13	0940	Big Butte Springs src AA & AB	0.61	1058-1105 SCADA out
14	0027	Big Butte Springs src AA & AB	0.61	
15	0334	Big Butte Springs src AA & AB	0.62	
16	0642	Big Butte Springs src AA & AB	0.61	
17	1612	Big Butte Springs src AA & AB	0.61	
18	1926	Big Butte Springs src AA & AB	0.58	
19	1234	Big Butte Springs src AA & AB	0.61	
20	0612	Big Butte Springs src AA & AB	0.60	
21	0001	Big Butte Springs src AA & AB	0.61	
22	0634	Big Butte Springs src AA & AB	0.60	
23	1034	Big Butte Springs src AA & AB	0.60	
24	0003	Big Butte Springs src AA & AB	0.60	
25	1116	Big Butte Springs src AA & AB	0.59	0929-1044 CL-17 Reagent Change
26	0442	Big Butte Springs src AA & AB	0.59	
27	0142	Big Butte Springs src AA & AB	0.58	
28	0526	Big Butte Springs src AA & AB	0.58	
29	0001	Big Butte Springs src AA & AB	0.60	
30	1156	Big Butte Springs src AA & AB	0.59	
31	0003	Big Butte Springs src AA & AB	0.60	

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> <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 Signature:  Date: 06 / 01 / 2021	Title: Plant Supervisor Phone #: (541) 774-2434	Operator Certification #: 2339 OR Small Groundwater System <input type="checkbox"/>
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