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

System	Name	Medford Water Comn	ission PWS ID# 4 1 00513					
Month/Year June/2021 Entry Point: EP-A EP Big Butte Springs Required Minimum Residual 0.25 mg/L								
Date	Time	Source(s) i	ı use		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1	0003	Big Butte Springs src AA & AB			0.60		0648-0652 SCADA out	
2	0003	Big Butte Springs sr	CAA & AB		0.61			
3	0056	Big Butte Springs sr			0.61			
4	0326	Big Butte Springs sr			0.61			
5	0013	Big Butte Springs sr			0.61			
6	0001	Big Butte Springs sr			0.62			
7	0001	Big Butte Springs sr			0.62			
8	0934	Big Butte Springs sr			0.61			
9	0014	Big Butte Springs sr			0.61			
10	0003	Big Butte Springs sr			0.62			
11	0110	Big Butte Springs sr			0.62			
12	0001	Big Butte Springs sr			0.63			
13	0333	Big Butte Springs sr			0.62			
14	1226	Big Butte Springs sr			0.60			
15	0033	Big Butte Springs sr			0.61			
16	0703	Big Butte Springs sr			0.58			
17	2156	Big Butte Springs sr			0.44			
18	1942	Big Butte Springs sr			0.40		0954-1001	SCADA out
19	0003	Big Butte Springs sr			0.40			
20	0226	Big Butte Springs sr			0.40			
21	0203	Big Butte Springs sr			0.40		1225-1247	SCADA out
22	1826	Big Butte Springs sr			0.39			
23	0046	Big Butte Springs sr			0.31		0052-0100	SCADA out
24	0633	Big Butte Springs sr			0.37			
25	0003	Big Butte Springs sr			0.37			
26	0855	Big Butte Springs sr			0.36		_	
27	0225	Big Butte Springs sr			0.36			
28	0433	Big Butte Springs sr			0.31		0300-0318	SCADA out
29	0033	Big Butte Springs sr			0.36			
30	1356	Big Butte Springs sr		_	0.35			
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 GWS Serving More Than 3,300								800
If yes, d	or every four hours urned to mg/L?	Did continuous monitoring equipment fail at a reporting month? ☐ Yes ☒ No				Date continuous monitoring equipment failed:		
Attach t	and submit them with	If yes, were grab samples collected every four he continuous monitoring equipment was returned to				/ / Date it was returned to		
ano luli		Yes No			IN IO SCIVICE!	service:		
			Attach grab sample results and submit them v			vith this form.	1 1	
Printed Name: Dan Perkins Title: Plant Supervisor							Operator Certification #: 2339	
Signature: Phone #: (541) 774-2434							OR	
Date: 7 / 01 / 2021							Small Groundwater System 🗌	