

**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 July/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	0003	Big Butte Springs src AA & AB	0.36	
2	0216	Big Butte Springs src AA & AB	0.36	
3	1233	Big Butte Springs src AA & AB	0.35	
4	0802	Big Butte Springs src AA & AB	0.36	
5	0641	Big Butte Springs src AA & AB	0.36	
6	0933	Big Butte Springs src AA & AB	0.37	
7	1202	Big Butte Springs src AA & AB	0.36	
8	0909	Big Butte Springs src AA & AB	0.36	
9	1002	Big Butte Springs src AA & AB	0.36	
10	0711	Big Butte Springs src AA & AB	0.36	1208-1247 CL-17 Maint.
11	0142	Big Butte Springs src AA & AB	0.38	
12	0204	Big Butte Springs src AA & AB	0.38	0712-0714 SCADA out
13	0036	Big Butte Springs src AA & AB	0.38	0712-0714 SCADA out
14	0032	Big Butte Springs src AA & AB	0.38	
15	1032	Big Butte Springs src AA & AB	0.38	1010-1015, 1656-1702 SCADA out
16	1032	Big Butte Springs src AA & AB	0.38	
17	0917	Big Butte Springs src AA & AB	0.37	
18	1132	Big Butte Springs src AA & AB	0.37	
19	0602	Big Butte Springs src AA & AB	0.36	0941-1030 CL-17 Maint.
20	1132	Big Butte Springs src AA & AB	0.38	
21	0032	Big Butte Springs src AA & AB	0.38	1242-1303 CL-17 Maint.
22	0011	Big Butte Springs src AA & AB	0.41	
23	0001	Big Butte Springs src AA & AB	0.41	
24	1431	Big Butte Springs src AA & AB	0.39	
25	1301	Big Butte Springs src AA & AB	0.32	
26	1010	Big Butte Springs src AA & AB	0.39	1210-1212 SCADA out
27	0010	Big Butte Springs src AA & AB	0.39	
28	1740	Big Butte Springs src AA & AB	0.48	
29	0901	Big Butte Springs src AA & AB	0.49	
30	0911	Big Butte Springs src AA & AB	0.49	
31	0132	Big Butte Springs src AA & AB	0.49	

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

Title: Plant Supervisor

Operator Certification #: 2339

Signature: 

Phone #: (541) 774-2434

OR

Date: 8 / 03 / 2021

Small Groundwater System