

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Groundwater Systems**

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Sep, 2021**


Entry Point: EP-A, 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
09/01/21	09/01/2021 09:00 am	Big Butte Springs	0.39	
09/02/21	09/02/2021 12:30 am	Big Butte Springs	0.54	
09/03/21	09/03/2021 10:45 pm	Big Butte Springs	0.50	
09/04/21	09/04/2021 12:45 am	Big Butte Springs	0.52	
09/05/21	09/05/2021 06:15 pm	Big Butte Springs	0.54	
09/06/21	09/06/2021 12:00 am	Big Butte Springs	0.55	
09/07/21	09/07/2021 12:00 am	Big Butte Springs	0.55	
09/08/21	09/08/2021 12:00 am	Big Butte Springs	0.55	
09/09/21	09/09/2021 01:45 pm	Big Butte Springs	0.49	
09/10/21	09/10/2021 12:00 am	Big Butte Springs	0.55	
09/11/21	09/11/2021 03:30 am	Big Butte Springs	0.54	
09/12/21	09/12/2021 12:15 am	Big Butte Springs	0.54	
09/13/21	09/13/2021 06:00 am	Big Butte Springs	0.54	
09/14/21	09/14/2021 08:00 am	Big Butte Springs	0.54	
09/15/21	09/15/2021 03:00 am	Big Butte Springs	0.38	
09/16/21	09/16/2021 03:30 am	Big Butte Springs	0.54	
09/17/21	09/17/2021 10:45 am	Big Butte Springs	0.49	
09/18/21	09/18/2021 07:30 am	Big Butte Springs	0.48	
09/19/21	09/19/2021 06:15 pm	Big Butte Springs	0.47	
09/20/21	09/20/2021 12:00 am	Big Butte Springs	0.49	
09/21/21	09/21/2021 06:15 pm	Big Butte Springs	0.40	
09/22/21	09/22/2021 08:45 pm	Big Butte Springs	0.52	
09/23/21	09/23/2021 12:00 am	Big Butte Springs	0.52	
09/24/21	09/24/2021 08:15 am	Big Butte Springs	0.52	
09/25/21	09/25/2021 12:00 am	Big Butte Springs	0.52	
09/26/21	09/26/2021 01:45 am	Big Butte Springs	0.51	
09/27/21	09/27/2021 04:00 am	Big Butte Springs	0.51	
09/28/21	09/28/2021 11:15 am	Big Butte Springs	0.31	
09/29/21	09/29/2021 10:00 pm	Big Butte Springs	0.43	
09/30/21	09/30/2021 07:45 am	Big Butte Springs	0.46	
		Big Butte Springs		

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

<b>GWS Serving 3,300 or Fewer</b>	<b>GWS Serving More Than 3,300</b>	
If yes, did you monitor every four hours until the residual returned to _____ mg/L?  <i>Attach those results and submit them</i>	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: / /
Printed Name: Dan Perkins		Operator Certification #: 2339
Singnature: 		OR
Date: 10/4/2021		Small Groundwater System _____
Title: Plant Supervisor		
Phone #: (541) 774-2434		