

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Dec, 2021**

Entry Point: EP-C, 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
12/01/21	12/01/2021 10:00 pm	Big Butte Springs	0.54	
12/02/21	12/02/2021 12:00 pm	Big Butte Springs	0.55	
12/03/21	12/03/2021 05:00 am	Big Butte Springs	0.54	
12/04/21	12/04/2021 06:00 pm	Big Butte Springs	0.56	
12/05/21	12/05/2021 03:00 am	Big Butte Springs	0.55	
12/06/21	12/06/2021 07:00 pm	Big Butte Springs	0.57	
12/07/21	12/07/2021 06:00 am	Big Butte Springs	0.56	
12/08/21	12/08/2021 09:00 pm	Big Butte Springs	0.57	
12/09/21	12/09/2021 05:00 am	Big Butte Springs	0.56	
12/10/21	12/10/2021 09:00 pm	Big Butte Springs	0.55	
12/11/21	12/11/2021 12:00 am	Big Butte Springs	0.55	
12/12/21	12/12/2021 07:00 am	Big Butte Springs	0.55	
12/13/21	12/13/2021 12:00 pm	Big Butte Springs	0.51	
12/14/21	12/14/2021 08:00 am	Big Butte Springs	0.57	
12/15/21	12/15/2021 04:00 pm	Big Butte Springs	0.56	
12/16/21	12/16/2021 06:00 am	Big Butte Springs	0.54	
12/17/21	12/17/2021 01:00 pm	Big Butte Springs	0.51	
12/18/21	12/18/2021 07:00 am	Big Butte Springs	0.48	
12/19/21	12/19/2021 01:00 am	Big Butte Springs	0.56	
12/20/21	12/20/2021 08:00 am	Big Butte Springs	0.54	
12/21/21	12/21/2021 03:00 pm	Big Butte Springs	0.52	
12/22/21	12/22/2021 06:00 am	Big Butte Springs	0.54	
12/23/21	12/23/2021 12:00 am	Big Butte Springs	0.57	
12/24/21	12/24/2021 05:00 pm	Big Butte Springs	0.55	
12/25/21	12/25/2021 04:00 am	Big Butte Springs	0.53	
12/26/21	12/26/2021 11:00 pm	Big Butte Springs	0.53	
12/27/21	12/27/2021 11:00 am	Big Butte Springs	0.51	
12/28/21	12/28/2021 02:00 pm	Big Butte Springs	0.41	
12/29/21	12/29/2021 01:00 am	Big Butte Springs	0.52	
12/30/21	12/30/2021 04:00 am	Big Butte Springs	0.51	
12/31/21	12/31/2021 11:00 am	Big Butte Springs	0.43	

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	
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	Title: Plant Supervisor	Operator Certification #: 2339
Signature: 	Phone #: (541) 774-2434	OR
Date: 1/3/2022		Small Groundwater System _____