

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jan, 2023**

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
01/01/23	01/01/2023 04:00 am	Big Butte Springs	0.56	
01/02/23	01/02/2023 08:00 am	Big Butte Springs	0.56	
01/03/23	01/03/2023 12:00 am	Big Butte Springs	0.56	
01/04/23	01/04/2023 09:00 pm	Big Butte Springs	0.53	
01/05/23	01/05/2023 10:00 am	Big Butte Springs	0.52	
01/06/23	01/06/2023 12:00 am	Big Butte Springs	0.52	
01/07/23	01/07/2023 01:00 pm	Big Butte Springs	0.52	
01/08/23	01/08/2023 12:00 am	Big Butte Springs	0.52	
01/09/23	01/09/2023 12:00 am	Big Butte Springs	0.53	
01/10/23	01/10/2023 12:00 am	Big Butte Springs	0.53	
01/11/23	01/11/2023 02:00 pm	Big Butte Springs	0.52	
01/12/23	01/12/2023 12:00 am	Big Butte Springs	0.52	
01/13/23	01/13/2023 12:00 am	Big Butte Springs	0.53	
01/14/23	01/14/2023 12:00 am	Big Butte Springs	0.53	
01/15/23	01/15/2023 07:00 am	Big Butte Springs	0.53	
01/16/23	01/16/2023 12:00 am	Big Butte Springs	0.53	
01/17/23	01/17/2023 05:00 pm	Big Butte Springs	0.52	
01/18/23	01/18/2023 12:00 am	Big Butte Springs	0.52	
01/19/23	01/19/2023 04:00 am	Big Butte Springs	0.52	
01/20/23	01/20/2023 12:00 am	Big Butte Springs	0.52	
01/21/23	01/21/2023 09:00 am	Big Butte Springs	0.52	
01/22/23	01/22/2023 12:00 am	Big Butte Springs	0.52	
01/23/23	01/23/2023 10:00 am	Big Butte Springs	0.52	
01/24/23	01/24/2023 12:00 am	Big Butte Springs	0.52	
01/25/23	01/25/2023 01:00 pm	Big Butte Springs	0.52	
01/26/23	01/26/2023 02:00 am	Big Butte Springs	0.52	
01/27/23	01/27/2023 12:00 am	Big Butte Springs	0.53	
01/28/23	01/28/2023 12:00 am	Big Butte Springs	0.53	
01/29/23	01/29/2023 12:00 am	Big Butte Springs	0.53	
01/30/23	01/30/2023 12:00 am	Big Butte Springs	0.53	
01/31/23	01/31/2023 01:00 pm	Big Butte Springs	0.54	

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 OR Small Groundwater System _____
Signature: 	Phone #: (541) 774-2434	
Date: 2/1/2023		