

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Oct, 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
10/01/23	10/01/2023 12:00 am	Big Butte Springs	0.53	
10/02/23	10/02/2023 12:00 am	Big Butte Springs	0.53	
10/03/23	10/03/2023 12:00 am	Big Butte Springs	0.53	
10/04/23	10/04/2023 12:00 am	Big Butte Springs	0.53	
10/05/23	10/05/2023 08:00 am	Big Butte Springs	0.54	
10/06/23	10/06/2023 12:00 am	Big Butte Springs	0.54	
10/07/23	10/07/2023 06:00 am	Big Butte Springs	0.54	
10/08/23	10/08/2023 02:00 am	Big Butte Springs	0.53	
10/09/23	10/09/2023 01:00 am	Big Butte Springs	0.53	
10/10/23	10/10/2023 01:00 am	Big Butte Springs	0.52	
10/11/23	10/11/2023 12:00 am	Big Butte Springs	0.52	
10/12/23	10/12/2023 01:00 am	Big Butte Springs	0.51	
10/13/23	10/13/2023 12:00 am	Big Butte Springs	0.51	
10/14/23	10/14/2023 04:00 am	Big Butte Springs	0.52	
10/15/23	10/15/2023 12:00 am	Big Butte Springs	0.52	
10/16/23	10/16/2023 08:00 am	Big Butte Springs	0.53	
10/17/23	10/17/2023 12:00 am	Big Butte Springs	0.53	
10/18/23	10/18/2023 12:00 am	Big Butte Springs	0.54	
10/19/23	10/19/2023 06:00 am	Big Butte Springs	0.53	
10/20/23	10/20/2023 12:00 am	Big Butte Springs	0.56	
10/21/23	10/21/2023 06:00 am	Big Butte Springs	0.55	
10/22/23	10/22/2023 11:00 pm	Big Butte Springs	0.57	
10/23/23	10/23/2023 12:00 am	Big Butte Springs	0.57	
10/24/23	10/24/2023 06:00 pm	Big Butte Springs	0.59	
10/25/23	10/25/2023 12:00 am	Big Butte Springs	0.59	
10/26/23	10/26/2023 11:00 am	Big Butte Springs	0.60	
10/27/23	10/27/2023 07:00 am	Big Butte Springs	0.59	
10/28/23	10/28/2023 10:00 am	Big Butte Springs	0.59	
10/29/23	10/29/2023 12:00 am	Big Butte Springs	0.59	
10/30/23	10/30/2023 12:00 pm	Big Butte Springs	0.59	
10/31/23	10/31/2023 12:00 am	Big Butte Springs	0.59	

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: Matt Severloh		Title: Plant Supervisor
Signature: <i>Matt Severloh</i>		Operator Certification #: 8480
Date: 11/1/2023		OR Small Groundwater System _____