

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Mar, 2024**

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
03/01/24	03/01/2024 01:00 am	Big Butte Springs	0.58	
03/02/24	03/02/2024 08:00 am	Big Butte Springs	0.58	
03/03/24	03/03/2024 12:00 am	Big Butte Springs	0.58	
03/04/24	03/04/2024 12:00 am	Big Butte Springs	0.58	
03/05/24	03/05/2024 07:00 am	Big Butte Springs	0.57	
03/06/24	03/06/2024 12:00 am	Big Butte Springs	0.58	
03/07/24	03/07/2024 05:00 am	Big Butte Springs	0.57	
03/08/24	03/08/2024 09:00 pm	Big Butte Springs	0.57	
03/09/24	03/09/2024 12:00 am	Big Butte Springs	0.57	
03/10/24	03/10/2024 12:00 am	Big Butte Springs	0.58	
03/11/24	03/11/2024 12:00 am	Big Butte Springs	0.58	
03/12/24	03/12/2024 12:00 pm	Big Butte Springs	0.58	
03/13/24	03/13/2024 12:00 am	Big Butte Springs	0.58	
03/14/24	03/14/2024 11:00 am	Big Butte Springs	0.58	
03/15/24	03/15/2024 02:00 am	Big Butte Springs	0.58	
03/16/24	03/16/2024 02:00 am	Big Butte Springs	0.58	
03/17/24	03/17/2024 12:00 am	Big Butte Springs	0.58	
03/18/24	03/18/2024 01:00 am	Big Butte Springs	0.58	
03/19/24	03/19/2024 12:00 am	Big Butte Springs	0.58	
03/20/24	03/20/2024 05:00 pm	Big Butte Springs	0.57	
03/21/24	03/21/2024 12:00 am	Big Butte Springs	0.57	
03/22/24	03/22/2024 12:00 am	Big Butte Springs	0.58	
03/23/24	03/23/2024 12:00 am	Big Butte Springs	0.57	
03/24/24	03/24/2024 12:00 am	Big Butte Springs	0.57	
03/25/24	03/25/2024 12:00 am	Big Butte Springs	0.57	
03/26/24	03/26/2024 06:00 am	Big Butte Springs	0.57	
03/27/24	03/27/2024 12:00 am	Big Butte Springs	0.57	
03/28/24	03/28/2024 12:00 am	Big Butte Springs	0.57	
03/29/24	03/29/2024 12:00 am	Big Butte Springs	0.57	
03/30/24	03/30/2024 12:00 am	Big Butte Springs	0.57	
03/31/24	03/31/2024 06:00 am	Big Butte Springs	0.56	

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	Operator Certification #: 8480
Signature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: 4/1/2024		Small Groundwater System _____