

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jun, 2024**

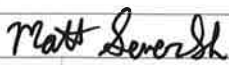
Entry Point: EP-A, Big Butte Springs

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
06/01/24	06/01/2024 08:00 am	Big Butte Springs	0.58	
06/02/24	06/02/2024 02:00 am	Big Butte Springs	0.58	
06/03/24	06/03/2024 12:00 pm	Big Butte Springs	0.58	
06/04/24	06/04/2024 12:00 am	Big Butte Springs	0.58	
06/05/24	06/05/2024 12:00 am	Big Butte Springs	0.58	
06/06/24	06/06/2024 12:00 am	Big Butte Springs	0.58	
06/07/24	06/07/2024 12:00 am	Big Butte Springs	0.58	
06/08/24	06/08/2024 12:00 am	Big Butte Springs	0.58	
06/09/24	06/09/2024 12:00 am	Big Butte Springs	0.58	
06/10/24	06/10/2024 07:00 am	Big Butte Springs	0.57	
06/11/24	06/11/2024 11:00 pm	Big Butte Springs	0.56	
06/12/24	06/12/2024 12:00 am	Big Butte Springs	0.56	
06/13/24	06/13/2024 12:00 am	Big Butte Springs	0.56	
06/14/24	06/14/2024 12:00 am	Big Butte Springs	0.56	
06/15/24	06/15/2024 12:00 am	Big Butte Springs	0.57	
06/16/24	06/16/2024 12:00 am	Big Butte Springs	0.57	
06/17/24	06/17/2024 03:00 pm	Big Butte Springs	0.57	
06/18/24	06/18/2024 12:00 am	Big Butte Springs	0.57	
06/19/24	06/19/2024 12:00 am	Big Butte Springs	0.57	
06/20/24	06/20/2024 12:00 am	Big Butte Springs	0.57	
06/21/24	06/21/2024 12:00 am	Big Butte Springs	0.57	
06/22/24	06/22/2024 07:00 pm	Big Butte Springs	0.56	
06/23/24	06/23/2024 12:00 am	Big Butte Springs	0.56	
06/24/24	06/24/2024 12:00 am	Big Butte Springs	0.56	
06/25/24	06/25/2024 05:00 pm	Big Butte Springs	0.55	
06/26/24	06/26/2024 12:00 am	Big Butte Springs	0.55	
06/27/24	06/27/2024 12:00 am	Big Butte Springs	0.55	
06/28/24	06/28/2024 12:00 am	Big Butte Springs	0.56	
06/29/24	06/29/2024 12:00 am	Big Butte Springs	0.56	
06/30/24	06/30/2024 12:00 am	Big Butte Springs	0.56	
		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

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: 	Phone #: (541) 774-2743	OR
Date: 7/1/2024		Small Groundwater System _____