

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jul, 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
07/01/24	07/01/2024 12:00 am	Big Butte Springs	0.56	
07/02/24	07/02/2024 12:00 am	Big Butte Springs	0.56	
07/03/24	07/03/2024 12:00 am	Big Butte Springs	0.58	
07/04/24	07/04/2024 12:00 am	Big Butte Springs	0.58	
07/05/24	07/05/2024 06:00 pm	Big Butte Springs	0.57	
07/06/24	07/06/2024 12:00 am	Big Butte Springs	0.57	
07/07/24	07/07/2024 10:00 pm	Big Butte Springs	0.57	
07/08/24	07/08/2024 12:00 am	Big Butte Springs	0.57	
07/09/24	07/09/2024 06:00 am	Big Butte Springs	0.59	
07/10/24	07/10/2024 12:00 am	Big Butte Springs	0.59	
07/11/24	07/11/2024 12:00 am	Big Butte Springs	0.59	
07/12/24	07/12/2024 12:00 am	Big Butte Springs	0.59	
07/13/24	07/13/2024 12:00 am	Big Butte Springs	0.60	
07/14/24	07/14/2024 12:00 am	Big Butte Springs	0.60	
07/15/24	07/15/2024 05:00 pm	Big Butte Springs	0.59	
07/16/24	07/16/2024 12:00 am	Big Butte Springs	0.59	
07/17/24	07/17/2024 04:00 am	Big Butte Springs	0.59	
07/18/24	07/18/2024 12:00 am	Big Butte Springs	0.59	
07/19/24	07/19/2024 12:00 am	Big Butte Springs	0.59	
07/20/24	07/20/2024 02:00 pm	Big Butte Springs	0.58	
07/21/24	07/21/2024 12:00 am	Big Butte Springs	0.58	
07/22/24	07/22/2024 07:00 pm	Big Butte Springs	0.57	
07/23/24	07/23/2024 12:00 am	Big Butte Springs	0.57	
07/24/24	07/24/2024 12:00 am	Big Butte Springs	0.57	
07/25/24	07/25/2024 01:00 pm	Big Butte Springs	0.55	
07/26/24	07/26/2024 12:00 am	Big Butte Springs	0.56	
07/27/24	07/27/2024 08:00 am	Big Butte Springs	0.56	
07/28/24	07/28/2024 06:00 am	Big Butte Springs	0.56	
07/29/24	07/29/2024 12:00 am	Big Butte Springs	0.56	
07/30/24	07/30/2024 07:00 am	Big Butte Springs	0.55	
07/31/24	07/31/2024 12:00 am	Big Butte Springs	0.55	

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

<b>GWS Serving 3,300 or Fewer</b>	<b>GWS Serving More Than 3,300</b>	
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: 8/1/2024		Small Groundwater System _____