

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Aug, 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
08/01/24	08/01/2024 07:00 am	Big Butte Springs	0.54	
08/02/24	08/02/2024 07:00 am	Big Butte Springs	0.55	
08/03/24	08/03/2024 12:00 am	Big Butte Springs	0.55	
08/04/24	08/04/2024 05:00 pm	Big Butte Springs	0.51	
08/05/24	08/05/2024 04:00 pm	Big Butte Springs	0.50	
08/06/24	08/06/2024 12:00 am	Big Butte Springs	0.50	
08/07/24	08/07/2024 05:00 pm	Big Butte Springs	0.46	
08/08/24	08/08/2024 12:00 am	Big Butte Springs	0.54	
08/09/24	08/09/2024 09:00 pm	Big Butte Springs	0.53	
08/10/24	08/10/2024 12:00 am	Big Butte Springs	0.53	
08/11/24	08/11/2024 12:00 am	Big Butte Springs	0.53	
08/12/24	08/12/2024 04:00 am	Big Butte Springs	0.52	
08/13/24	08/13/2024 08:00 pm	Big Butte Springs	0.52	
08/14/24	08/14/2024 12:00 am	Big Butte Springs	0.52	
08/15/24	08/15/2024 09:00 am	Big Butte Springs	0.53	
08/16/24	08/16/2024 12:00 am	Big Butte Springs	0.53	
08/17/24	08/17/2024 12:00 am	Big Butte Springs	0.54	
08/18/24	08/18/2024 12:00 am	Big Butte Springs	0.54	
08/19/24	08/19/2024 12:00 am	Big Butte Springs	0.54	
08/20/24	08/20/2024 12:00 am	Big Butte Springs	0.54	
08/21/24	08/21/2024 12:00 am	Big Butte Springs	0.55	
08/22/24	08/22/2024 02:00 am	Big Butte Springs	0.54	
08/23/24	08/23/2024 09:00 am	Big Butte Springs	0.54	
08/24/24	08/24/2024 12:00 am	Big Butte Springs	0.54	
08/25/24	08/25/2024 01:00 am	Big Butte Springs	0.54	
08/26/24	08/26/2024 12:00 am	Big Butte Springs	0.54	
08/27/24	08/27/2024 12:00 am	Big Butte Springs	0.54	
08/28/24	08/28/2024 12:00 am	Big Butte Springs	0.53	
08/29/24	08/29/2024 12:00 am	Big Butte Springs	0.57	
08/30/24	08/30/2024 07:00 am	Big Butte Springs	0.56	
08/31/24	08/31/2024 12:00 am	Big Butte Springs	0.58	

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: 9/1/2024		Small Groundwater System _____