

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

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

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  OR Small Groundwater System _____
Signature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	
Date: 1/1/2025		