

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Sep, 2023**

Entry Point: EP-C, 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
09/01/23	09/01/2023 07:00 pm	Big Butte Springs	0.54	
09/02/23	09/02/2023 06:00 am	Big Butte Springs	0.53	
09/03/23	09/03/2023 11:00 pm	Big Butte Springs	0.54	
09/04/23	09/04/2023 03:00 am	Big Butte Springs	0.53	
09/05/23	09/05/2023 07:00 am	Big Butte Springs	0.54	
09/06/23	09/06/2023 04:00 am	Big Butte Springs	0.53	
09/07/23	09/07/2023 06:00 am	Big Butte Springs	0.54	
09/08/23	09/08/2023 04:00 am	Big Butte Springs	0.52	
09/09/23	09/09/2023 11:00 pm	Big Butte Springs	0.53	
09/10/23	09/10/2023 06:00 am	Big Butte Springs	0.52	
09/11/23	09/11/2023 06:00 pm	Big Butte Springs	0.53	
09/12/23	09/12/2023 06:00 am	Big Butte Springs	0.52	
09/13/23	09/13/2023 07:00 am	Big Butte Springs	0.52	
09/14/23	09/14/2023 02:00 am	Big Butte Springs	0.51	
09/15/23	09/15/2023 05:00 am	Big Butte Springs	0.52	
09/16/23	09/16/2023 06:00 am	Big Butte Springs	0.50	
09/17/23	09/17/2023 09:00 pm	Big Butte Springs	0.52	
09/18/23	09/18/2023 04:00 am	Big Butte Springs	0.51	
09/19/23	09/19/2023 06:00 am	Big Butte Springs	0.52	
09/20/23	09/20/2023 05:00 am	Big Butte Springs	0.50	
09/21/23	09/21/2023 05:00 am	Big Butte Springs	0.51	
09/22/23	09/22/2023 12:00 am	Big Butte Springs	0.51	
09/23/23	09/23/2023 08:00 am	Big Butte Springs	0.53	
09/24/23	09/24/2023 02:00 am	Big Butte Springs	0.52	
09/25/23	09/25/2023 08:00 pm	Big Butte Springs	0.52	
09/26/23	09/26/2023 03:00 am	Big Butte Springs	0.51	
09/27/23	09/27/2023 08:00 pm	Big Butte Springs	0.51	
09/28/23	09/28/2023 06:00 am	Big Butte Springs	0.50	
09/29/23	09/29/2023 09:00 pm	Big Butte Springs	0.51	
09/30/23	09/30/2023 05:00 am	Big Butte Springs	0.49	
		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

<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
Singnature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: 10/1/2023		Small Groundwater System _____