

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Nov, 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
11/01/23	11/01/2023 08:00 pm	Big Butte Springs	0.57	
11/02/23	11/02/2023 12:00 am	Big Butte Springs	0.57	
11/03/23	11/03/2023 11:00 pm	Big Butte Springs	0.56	
11/04/23	11/04/2023 06:00 am	Big Butte Springs	0.55	
11/05/23	11/05/2023 11:00 pm	Big Butte Springs	0.56	
11/06/23	11/06/2023 04:00 am	Big Butte Springs	0.55	
11/07/23	11/07/2023 07:00 pm	Big Butte Springs	0.55	
11/08/23	11/08/2023 03:00 am	Big Butte Springs	0.54	
11/09/23	11/09/2023 05:00 pm	Big Butte Springs	0.54	
11/10/23	11/10/2023 04:00 am	Big Butte Springs	0.53	
11/11/23	11/11/2023 11:00 pm	Big Butte Springs	0.55	
11/12/23	11/12/2023 07:00 am	Big Butte Springs	0.54	
11/13/23	11/13/2023 08:00 pm	Big Butte Springs	0.56	
11/14/23	11/14/2023 06:00 am	Big Butte Springs	0.55	
11/15/23	11/15/2023 02:00 pm	Big Butte Springs	0.57	
11/16/23	11/16/2023 12:00 am	Big Butte Springs	0.56	
11/17/23	11/17/2023 05:00 pm	Big Butte Springs	0.57	
11/18/23	11/18/2023 02:00 am	Big Butte Springs	0.56	
11/19/23	11/19/2023 08:00 pm	Big Butte Springs	0.57	
11/20/23	11/20/2023 02:00 am	Big Butte Springs	0.56	
11/21/23	11/21/2023 06:00 pm	Big Butte Springs	0.56	
11/22/23	11/22/2023 05:00 am	Big Butte Springs	0.55	
11/23/23	11/23/2023 10:00 pm	Big Butte Springs	0.55	
11/24/23	11/24/2023 05:00 am	Big Butte Springs	0.54	
11/25/23	11/25/2023 06:00 pm	Big Butte Springs	0.55	
11/26/23	11/26/2023 09:00 am	Big Butte Springs	0.53	
11/27/23	11/27/2023 05:00 pm	Big Butte Springs	0.55	
11/28/23	11/28/2023 05:00 am	Big Butte Springs	0.54	
11/29/23	11/29/2023 06:00 pm	Big Butte Springs	0.55	
11/30/23	11/30/2023 03:00 am	Big Butte Springs	0.54	
		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
Singnature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: <i>12/5/23</i>	12/1/2023	Small Groundwater System _____