

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jan, 2024**

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
01/01/24	01/01/2024 12:00 am	Big Butte Springs	0.58	
01/02/24	01/02/2024 06:00 pm	Big Butte Springs	0.59	
01/03/24	01/03/2024 12:00 am	Big Butte Springs	0.59	
01/04/24	01/04/2024 12:00 am	Big Butte Springs	0.59	
01/05/24	01/05/2024 03:00 am	Big Butte Springs	0.58	
01/06/24	01/06/2024 12:00 am	Big Butte Springs	0.59	
01/07/24	01/07/2024 10:00 am	Big Butte Springs	0.58	
01/08/24	01/08/2024 12:00 am	Big Butte Springs	0.58	
01/09/24	01/09/2024 12:00 pm	Big Butte Springs	0.53	
01/10/24	01/10/2024 12:00 am	Big Butte Springs	0.58	
01/11/24	01/11/2024 12:00 am	Big Butte Springs	0.59	
01/12/24	01/12/2024 02:00 am	Big Butte Springs	0.58	
01/13/24	01/13/2024 07:00 pm	Big Butte Springs	0.57	
01/14/24	01/14/2024 12:00 am	Big Butte Springs	0.58	
01/15/24	01/15/2024 10:00 pm	Big Butte Springs	0.58	
01/16/24	01/16/2024 12:00 am	Big Butte Springs	0.58	
01/17/24	01/17/2024 08:00 pm	Big Butte Springs	0.58	
01/18/24	01/18/2024 12:00 am	Big Butte Springs	0.58	
01/19/24	01/19/2024 02:00 am	Big Butte Springs	0.58	
01/20/24	01/20/2024 12:00 am	Big Butte Springs	0.58	
01/21/24	01/21/2024 01:00 am	Big Butte Springs	0.58	
01/22/24	01/22/2024 01:00 am	Big Butte Springs	0.57	
01/23/24	01/23/2024 10:00 am	Big Butte Springs	0.57	
01/24/24	01/24/2024 05:00 am	Big Butte Springs	0.57	
01/25/24	01/25/2024 05:00 am	Big Butte Springs	0.57	
01/26/24	01/26/2024 07:00 am	Big Butte Springs	0.56	
01/27/24	01/27/2024 12:00 am	Big Butte Springs	0.57	
01/28/24	01/28/2024 12:00 am	Big Butte Springs	0.57	
01/29/24	01/29/2024 12:00 am	Big Butte Springs	0.58	
01/30/24	01/30/2024 07:00 am	Big Butte Springs	0.57	
01/31/24	01/31/2024 09:00 pm	Big Butte Springs	0.57	

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 OR Small Groundwater System _____
Signature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	
Date: 2/1/2024		