

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Apr, 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
04/01/24	04/01/2024 12:00 am	Big Butte Springs	0.60	
04/02/24	04/02/2024 05:00 am	Big Butte Springs	0.59	
04/03/24	04/03/2024 01:00 pm	Big Butte Springs	0.58	
04/04/24	04/04/2024 10:00 pm	Big Butte Springs	0.57	
04/05/24	04/05/2024 12:00 am	Big Butte Springs	0.57	
04/06/24	04/06/2024 02:00 am	Big Butte Springs	0.56	
04/07/24	04/07/2024 06:00 pm	Big Butte Springs	0.57	
04/08/24	04/08/2024 04:00 am	Big Butte Springs	0.57	
04/09/24	04/09/2024 10:00 am	Big Butte Springs	0.58	
04/10/24	04/10/2024 03:00 am	Big Butte Springs	0.58	
04/11/24	04/11/2024 12:00 am	Big Butte Springs	0.59	
04/12/24	04/12/2024 12:00 am	Big Butte Springs	0.59	
04/13/24	04/13/2024 10:00 am	Big Butte Springs	0.59	
04/14/24	04/14/2024 12:00 am	Big Butte Springs	0.59	
04/15/24	04/15/2024 12:00 am	Big Butte Springs	0.59	
04/16/24	04/16/2024 02:00 am	Big Butte Springs	0.58	
04/17/24	04/17/2024 08:00 am	Big Butte Springs	0.57	
04/18/24	04/18/2024 12:00 am	Big Butte Springs	0.57	
04/19/24	04/19/2024 08:00 pm	Big Butte Springs	0.56	
04/20/24	04/20/2024 12:00 am	Big Butte Springs	0.56	
04/21/24	04/21/2024 12:00 am	Big Butte Springs	0.57	
04/22/24	04/22/2024 06:00 am	Big Butte Springs	0.56	
04/23/24	04/23/2024 12:00 am	Big Butte Springs	0.57	
04/24/24	04/24/2024 12:00 am	Big Butte Springs	0.57	
04/25/24	04/25/2024 08:00 am	Big Butte Springs	0.56	
04/26/24	04/26/2024 07:00 am	Big Butte Springs	0.56	
04/27/24	04/27/2024 12:00 am	Big Butte Springs	0.56	
04/28/24	04/28/2024 08:00 pm	Big Butte Springs	0.55	
04/29/24	04/29/2024 12:00 am	Big Butte Springs	0.55	
04/30/24	04/30/2024 12:00 am	Big Butte Springs	0.57	
		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? Attach those results and submit them	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 Attach grab sample results and submit them with this form.	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 _____
Singnature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	
Date: 5/1/2024		