

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **May, 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
05/01/24	05/01/2024 12:00 am	Big Butte Springs	0.59	
05/02/24	05/02/2024 12:00 am	Big Butte Springs	0.59	
05/03/24	05/03/2024 12:00 am	Big Butte Springs	0.59	
05/04/24	05/04/2024 12:00 am	Big Butte Springs	0.59	
05/05/24	05/05/2024 12:00 am	Big Butte Springs	0.59	
05/06/24	05/06/2024 07:00 pm	Big Butte Springs	0.58	
05/07/24	05/07/2024 11:00 pm	Big Butte Springs	0.57	
05/08/24	05/08/2024 12:00 am	Big Butte Springs	0.57	
05/09/24	05/09/2024 12:00 am	Big Butte Springs	0.57	
05/10/24	05/10/2024 06:00 am	Big Butte Springs	0.57	
05/11/24	05/11/2024 12:00 am	Big Butte Springs	0.57	
05/12/24	05/12/2024 12:00 am	Big Butte Springs	0.57	
05/13/24	05/13/2024 02:00 am	Big Butte Springs	0.56	
05/14/24	05/14/2024 03:00 am	Big Butte Springs	0.56	
05/15/24	05/15/2024 06:00 am	Big Butte Springs	0.56	
05/16/24	05/16/2024 09:00 pm	Big Butte Springs	0.56	
05/17/24	05/17/2024 12:00 am	Big Butte Springs	0.56	
05/18/24	05/18/2024 04:00 am	Big Butte Springs	0.56	
05/19/24	05/19/2024 12:00 am	Big Butte Springs	0.56	
05/20/24	05/20/2024 10:00 pm	Big Butte Springs	0.56	
05/21/24	05/21/2024 12:00 am	Big Butte Springs	0.56	
05/22/24	05/22/2024 07:00 am	Big Butte Springs	0.56	
05/23/24	05/23/2024 12:00 am	Big Butte Springs	0.56	
05/24/24	05/24/2024 04:00 am	Big Butte Springs	0.56	
05/25/24	05/25/2024 06:00 am	Big Butte Springs	0.55	
05/26/24	05/26/2024 02:00 am	Big Butte Springs	0.57	
05/27/24	05/27/2024 06:00 am	Big Butte Springs	0.56	
05/28/24	05/28/2024 05:00 pm	Big Butte Springs	0.57	
05/29/24	05/29/2024 01:00 am	Big Butte Springs	0.57	
05/30/24	05/30/2024 07:00 am	Big Butte Springs	0.57	
05/31/24	05/31/2024 03:00 am	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? 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: 6/1/2024		