

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, 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
09/01/24	09/01/2024 04:00 pm	Big Butte Springs	0.58	
09/02/24	09/02/2024 10:00 am	Big Butte Springs	0.57	
09/03/24	09/03/2024 06:00 am	Big Butte Springs	0.56	
09/04/24	09/04/2024 12:00 am	Big Butte Springs	0.57	
09/05/24	09/05/2024 12:00 am	Big Butte Springs	0.56	
09/06/24	09/06/2024 03:00 pm	Big Butte Springs	0.56	
09/07/24	09/07/2024 12:00 am	Big Butte Springs	0.56	
09/08/24	09/08/2024 08:00 am	Big Butte Springs	0.55	
09/09/24	09/09/2024 01:00 pm	Big Butte Springs	0.55	
09/10/24	09/10/2024 05:00 am	Big Butte Springs	0.55	
09/11/24	09/11/2024 11:00 am	Big Butte Springs	0.54	
09/12/24	09/12/2024 10:00 am	Big Butte Springs	0.54	
09/13/24	09/13/2024 05:00 pm	Big Butte Springs	0.54	
09/14/24	09/14/2024 02:00 pm	Big Butte Springs	0.53	
09/15/24	09/15/2024 06:00 am	Big Butte Springs	0.53	
09/16/24	09/16/2024 08:00 am	Big Butte Springs	0.53	
09/17/24	09/17/2024 08:00 pm	Big Butte Springs	0.54	
09/18/24	09/18/2024 12:00 am	Big Butte Springs	0.54	
09/19/24	09/19/2024 02:00 am	Big Butte Springs	0.54	
09/20/24	09/20/2024 04:00 pm	Big Butte Springs	0.53	
09/21/24	09/21/2024 05:00 am	Big Butte Springs	0.53	
09/22/24	09/22/2024 03:00 am	Big Butte Springs	0.54	
09/23/24	09/23/2024 12:00 am	Big Butte Springs	0.55	
09/24/24	09/24/2024 03:00 pm	Big Butte Springs	0.55	
09/25/24	09/25/2024 05:00 am	Big Butte Springs	0.55	
09/26/24	09/26/2024 08:00 am	Big Butte Springs	0.52	
09/27/24	09/27/2024 02:00 am	Big Butte Springs	0.53	
09/28/24	09/28/2024 12:00 am	Big Butte Springs	0.55	
09/29/24	09/29/2024 07:00 am	Big Butte Springs	0.54	
09/30/24	09/30/2024 07:00 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? 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: 10/1/2024		