

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Oct, 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
10/01/24	10/01/2024 12:00 am	Big Butte Springs	0.55	
10/02/24	10/02/2024 12:00 am	Big Butte Springs	0.55	
10/03/24	10/03/2024 12:00 am	Big Butte Springs	0.55	
10/04/24	10/04/2024 06:00 am	Big Butte Springs	0.55	
10/05/24	10/05/2024 12:00 am	Big Butte Springs	0.55	
10/06/24	10/06/2024 12:00 am	Big Butte Springs	0.55	
10/07/24	10/07/2024 12:00 am	Big Butte Springs	0.55	
10/08/24	10/08/2024 01:00 am	Big Butte Springs	0.54	
10/09/24	10/09/2024 12:00 am	Big Butte Springs	0.54	
10/10/24	10/10/2024 12:00 am	Big Butte Springs	0.55	
10/11/24	10/11/2024 06:00 am	Big Butte Springs	0.54	
10/12/24	10/12/2024 10:00 am	Big Butte Springs	0.54	
10/13/24	10/13/2024 12:00 am	Big Butte Springs	0.54	
10/14/24	10/14/2024 07:00 am	Big Butte Springs	0.54	
10/15/24	10/15/2024 02:00 am	Big Butte Springs	0.54	
10/16/24	10/16/2024 01:00 am	Big Butte Springs	0.54	
10/17/24	10/17/2024 12:00 am	Big Butte Springs	0.54	
10/18/24	10/18/2024 12:00 am	Big Butte Springs	0.54	
10/19/24	10/19/2024 12:00 am	Big Butte Springs	0.54	
10/20/24	10/20/2024 09:00 pm	Big Butte Springs	0.56	
10/21/24	10/21/2024 12:00 am	Big Butte Springs	0.56	
10/22/24	10/22/2024 12:00 pm	Big Butte Springs	0.56	
10/23/24	10/23/2024 12:00 am	Big Butte Springs	0.57	
10/24/24	10/24/2024 05:00 pm	Big Butte Springs	0.57	
10/25/24	10/25/2024 09:00 am	Big Butte Springs	0.56	
10/26/24	10/26/2024 05:00 pm	Big Butte Springs	0.55	
10/27/24	10/27/2024 12:00 am	Big Butte Springs	0.56	
10/28/24	10/28/2024 06:00 pm	Big Butte Springs	0.55	
10/29/24	10/29/2024 11:00 am	Big Butte Springs	0.54	
10/30/24	10/30/2024 02:00 am	Big Butte Springs	0.54	
10/31/24	10/31/2024 12:00 am	Big Butte Springs	0.56	

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		Operator Certification #: 8480
Signature: <i>Matt Severloh</i>		OR
Date: 11/5/2024		Small Groundwater System _____
Title: Plant Supervisor		
Phone #: (541) 774-2743		