

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Nov, 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
11/01/24	11/01/2024 09:00 pm	Big Butte Springs	0.55	
11/02/24	11/02/2024 12:00 am	Big Butte Springs	0.56	
11/03/24	11/03/2024 11:00 am	Big Butte Springs	0.55	
11/04/24	11/04/2024 01:00 am	Big Butte Springs	0.55	
11/05/24	11/05/2024 12:00 am	Big Butte Springs	0.55	
11/06/24	11/06/2024 12:00 am	Big Butte Springs	0.55	
11/07/24	11/07/2024 04:00 am	Big Butte Springs	0.55	
11/08/24	11/08/2024 12:00 am	Big Butte Springs	0.55	
11/09/24	11/09/2024 07:00 pm	Big Butte Springs	0.54	
11/10/24	11/10/2024 12:00 am	Big Butte Springs	0.54	
11/11/24	11/11/2024 09:00 pm	Big Butte Springs	0.54	
11/12/24	11/12/2024 08:00 pm	Big Butte Springs	0.53	
11/13/24	11/13/2024 01:00 am	Big Butte Springs	0.49	
11/14/24	11/14/2024 08:00 am	Big Butte Springs	0.51	
11/15/24	11/15/2024 06:00 am	Big Butte Springs	0.37	
11/16/24	11/16/2024 12:00 am	Big Butte Springs	0.55	
11/17/24	11/17/2024 05:00 pm	Big Butte Springs	0.55	
11/18/24	11/18/2024 06:00 am	Big Butte Springs	0.55	
11/19/24	11/19/2024 12:00 am	Big Butte Springs	0.56	
11/20/24	11/20/2024 02:00 am	Big Butte Springs	0.55	
11/21/24	11/21/2024 01:00 am	Big Butte Springs	0.55	
11/22/24	11/22/2024 12:00 am	Big Butte Springs	0.56	
11/23/24	11/23/2024 11:00 am	Big Butte Springs	0.55	
11/24/24	11/24/2024 12:00 am	Big Butte Springs	0.55	
11/25/24	11/25/2024 02:00 pm	Big Butte Springs	0.55	
11/26/24	11/26/2024 12:00 am	Big Butte Springs	0.55	
11/27/24	11/27/2024 10:00 pm	Big Butte Springs	0.54	
11/28/24	11/28/2024 12:00 am	Big Butte Springs	0.54	
11/29/24	11/29/2024 06:00 am	Big Butte Springs	0.54	
11/30/24	11/30/2024 12:00 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
Singnature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: 12/1/2024		Small Groundwater System _____