State of Oregon Drinking Water Program

Monthly Disinfection Report for Groundwater Systems

System Name: Medford Water Commission

Date:

3/1/2025

PWS ID#: OR 41-00513

Small Groundwater System

Month/Year: Feb, 2025 Entry Point: EP-A, Big Butte Springs Required Minimum Residual: 0.25 mg/L Lowest free Chlorine residual at Date Time Source(s) in use entry point to distribution Notes system (mg/L) 02/01/25 02/01/2025 12:00 am 0.56 Big Butte Springs 02/02/25 02/02/2025 08:00 pm Big Butte Springs 0.56 02/03/25 02/03/2025 05:00 am **Big Butte Springs** 0.56 02/04/25 02/04/2025 07:00 pm Big Butte Springs 0.56 02/05/25 02/05/2025 08:00 pm Big Butte Springs 0.55 02/06/25 02/06/2025 02:00 pm Big Butte Springs 0.51 02/07/25 02/07/2025 12:00 am Big Butte Springs 0.54 02/08/25 02/08/2025 09:00 pm Big Butte Springs 0.55 02/09/25 02/09/2025 12:00 am Big Butte Springs 0.55 02/10/25 02/10/2025 01:00 pm Big Butte Springs 0.55 02/11/25 02/11/2025 04:00 am Big Butte Springs 0.54 02/12/25 02/12/2025 02:00 pm Big Butte Springs 0.55 02/13/25 02/13/2025 12:00 am Big Butte Springs 0.55 02/14/25 02/14/2025 03:00 am Big Butte Springs 0.56 02/15/2025 12:00 am 02/15/25 Big Butte Springs 0.56 02/16/25 02/16/2025 04:00 pm **Big Butte Springs** 0.56 02/17/2025 12:00 am 02/17/25 Big Butte Springs 0.56 02/18/25 02/18/2025 04:00 pm Big Butte Springs 0.57 02/19/25 02/19/2025 01:00 am Big Butte Springs 0.56 02/20/25 02/20/2025 01:00 pm Big Butte Springs 0.57 02/21/25 02/21/2025 01:00 am Big Butte Springs 0.56 02/22/25 02/22/2025 08:00 pm Big Butte Springs 0.54 02/23/25 02/23/2025 12:00 am Big Butte Springs 0.56 02/24/25 02/24/2025 07:00 pm **Big Butte Springs** 0.60 02/25/25 02/25/2025 06:00 pm Big Butte Springs 0.56 02/26/25 02/26/2025 02:00 pm Big Butte Springs 0.56 02/27/25 02/27/2025 05:00 am Big Butte Springs 0.57 02/28/25 02/28/2025 07:00 am Big Butte Springs 0.56 **Big Butte Springs** Big Butte Springs Big Butte Springs Yes X NO Was the chlorine residual ever less than the required minimum residual of 0.25 mg/L? If yes, what was the longest time period until the required level was restored? GWS Serving 3,300 or Fewer **GWS Serving More Than 3,300** If yes, did you monitor every four hours Did continuous monitoring equipment fail at any time this Date continuous monitoring __ YES X NO until the residual returned to ____ mg/L? reporting month? equipment failed: If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Date it was returned to Attach those results and submit them ___ YES ___ NO service: Attach grab sample results and submit them with this form. Printed Name: Matt Severloh Title: Plant Supervisor Operator Certification #: 8480 Singnature: 🎢 Phone #: (541) 774-2743 OR