

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Apr, 2025**

Entry Point: EP-A, 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
04/01/25	04/01/2025 12:00 am	Big Butte Springs	0.59	
04/02/25	04/02/2025 08:00 am	Big Butte Springs	0.60	
04/03/25	04/03/2025 12:00 am	Big Butte Springs	0.60	
04/04/25	04/04/2025 01:00 pm	Big Butte Springs	0.59	
04/05/25	04/05/2025 12:00 am	Big Butte Springs	0.59	
04/06/25	04/06/2025 10:00 pm	Big Butte Springs	0.59	
04/07/25	04/07/2025 12:00 am	Big Butte Springs	0.59	
04/08/25	04/08/2025 04:00 pm	Big Butte Springs	0.59	
04/09/25	04/09/2025 12:00 am	Big Butte Springs	0.59	
04/10/25	04/10/2025 01:00 pm	Big Butte Springs	0.59	
04/11/25	04/11/2025 12:00 am	Big Butte Springs	0.59	
04/12/25	04/12/2025 12:00 am	Big Butte Springs	0.59	
04/13/25	04/13/2025 12:00 pm	Big Butte Springs	0.58	
04/14/25	04/14/2025 12:00 am	Big Butte Springs	0.59	
04/15/25	04/15/2025 12:00 am	Big Butte Springs	0.59	
04/16/25	04/16/2025 12:00 am	Big Butte Springs	0.59	
04/17/25	04/17/2025 07:00 am	Big Butte Springs	0.59	
04/18/25	04/18/2025 12:00 am	Big Butte Springs	0.60	
04/19/25	04/19/2025 04:00 am	Big Butte Springs	0.59	
04/20/25	04/20/2025 12:00 am	Big Butte Springs	0.59	
04/21/25	04/21/2025 06:00 am	Big Butte Springs	0.58	
04/22/25	04/22/2025 12:00 am	Big Butte Springs	0.59	
04/23/25	04/23/2025 04:00 am	Big Butte Springs	0.58	
04/24/25	04/24/2025 12:00 am	Big Butte Springs	0.59	
04/25/25	04/25/2025 12:00 am	Big Butte Springs	0.59	
04/26/25	04/26/2025 07:00 pm	Big Butte Springs	0.59	
04/27/25	04/27/2025 12:00 am	Big Butte Springs	0.59	
04/28/25	04/28/2025 12:00 am	Big Butte Springs	0.59	
04/29/25	04/29/2025 12:00 am	Big Butte Springs	0.59	
04/30/25	04/30/2025 06:00 am	Big Butte Springs	0.59	
		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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p><i>Attach those results and submit them</i></p>	<p style="text-align: center;">GWS Serving More Than 3,300</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <p>Did continuous monitoring equipment fail at any time this reporting month? ___ YES <input checked="" type="checkbox"/> NO</p> <p><i>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?</i></p> <p>___ YES ___ NO</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </td> <td style="width: 40%;"> <p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p> </td> </tr> </table>	<p>Did continuous monitoring equipment fail at any time this reporting month? ___ YES <input checked="" type="checkbox"/> NO</p> <p><i>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?</i></p> <p>___ YES ___ NO</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p>
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<p>Printed Name: Matt Severloh</p> <p>Signature: <i>Matt Severloh</i></p> <p>Date: 5/1/2025</p>	<p>Title: Plant Supervisor</p> <p>Phone #: (541) 774-2743</p>		
<p>Operator Certification #: 8480</p> <p style="text-align: center;">OR</p> <p>Small Groundwater System _____</p>			