

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jun, 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
06/01/25	06/01/2025 12:00 am	Big Butte Springs	0.61	
06/02/25	06/02/2025 12:00 am	Big Butte Springs	0.61	
06/03/25	06/03/2025 12:00 am	Big Butte Springs	0.61	
06/04/25	06/04/2025 01:00 am	Big Butte Springs	0.62	
06/05/25	06/05/2025 12:00 am	Big Butte Springs	0.62	
06/06/25	06/06/2025 08:00 am	Big Butte Springs	0.61	
06/07/25	06/07/2025 04:00 am	Big Butte Springs	0.61	
06/08/25	06/08/2025 04:00 am	Big Butte Springs	0.61	
06/09/25	06/09/2025 12:00 pm	Big Butte Springs	0.61	
06/10/25	06/10/2025 11:00 am	Big Butte Springs	0.61	
06/11/25	06/11/2025 07:00 am	Big Butte Springs	0.61	
06/12/25	06/12/2025 12:00 am	Big Butte Springs	0.61	
06/13/25	06/13/2025 02:00 pm	Big Butte Springs	0.60	
06/14/25	06/14/2025 06:00 am	Big Butte Springs	0.60	
06/15/25	06/15/2025 01:00 pm	Big Butte Springs	0.60	
06/16/25	06/16/2025 12:00 am	Big Butte Springs	0.60	
06/17/25	06/17/2025 02:00 pm	Big Butte Springs	0.60	
06/18/25	06/18/2025 04:00 am	Big Butte Springs	0.60	
06/19/25	06/19/2025 05:00 am	Big Butte Springs	0.60	
06/20/25	06/20/2025 09:00 am	Big Butte Springs	0.59	
06/21/25	06/21/2025 12:00 am	Big Butte Springs	0.59	
06/22/25	06/22/2025 12:00 am	Big Butte Springs	0.59	
06/23/25	06/23/2025 12:00 am	Big Butte Springs	0.59	
06/24/25	06/24/2025 07:00 am	Big Butte Springs	0.58	
06/25/25	06/25/2025 12:00 am	Big Butte Springs	0.58	
06/26/25	06/26/2025 12:00 am	Big Butte Springs	0.58	
06/27/25	06/27/2025 12:00 am	Big Butte Springs	0.58	
06/28/25	06/28/2025 12:00 am	Big Butte Springs	0.58	
06/29/25	06/29/2025 03:00 am	Big Butte Springs	0.58	
06/30/25	06/30/2025 12:00 am	Big Butte Springs	0.58	
		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: 65%;"> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </td> <td style="width: 35%;"> <p>Date continuous monitoring equipment failed: ____/____/____</p> <p>Date it was returned to service: ____/____/____</p> </td> </tr> </table>	<p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: ____/____/____</p> <p>Date it was returned to service: ____/____/____</p>
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<p>Printed Name: Matt Severloh</p> <p>Signature: <i>Matt Severloh</i></p> <p>Date: 7/1/2025</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>			