

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Sep, 2025**

Entry Point: EP-A, Big Butte Springs

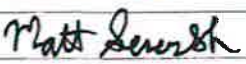
Required Minimum Residual: 0.25 mg/L

Date	Time	Source(s) in use	Lowest free Chlorine residual at entry point to distribution system (mg/L)	Notes
09/01/25	09/01/2025 12:00 am	Big Butte Springs	0.56	
09/02/25	09/02/2025 12:00 am	Big Butte Springs	0.58	
09/03/25	09/03/2025 05:00 pm	Big Butte Springs	0.58	
09/04/25	09/04/2025 12:00 am	Big Butte Springs	0.58	
09/05/25	09/05/2025 04:00 am	Big Butte Springs	0.57	
09/06/25	09/06/2025 12:00 am	Big Butte Springs	0.56	
09/07/25	09/07/2025 03:00 pm	Big Butte Springs	0.56	
09/08/25	09/08/2025 12:00 am	Big Butte Springs	0.56	
09/09/25	09/09/2025 03:00 pm	Big Butte Springs	0.55	
09/10/25	09/10/2025 12:00 am	Big Butte Springs	0.55	
09/11/25	09/11/2025 12:00 am	Big Butte Springs	0.56	
09/12/25	09/12/2025 12:00 am	Big Butte Springs	0.56	
09/13/25	09/13/2025 12:00 am	Big Butte Springs	0.56	
09/14/25	09/14/2025 12:00 am	Big Butte Springs	0.56	
09/15/25	09/15/2025 07:00 am	Big Butte Springs	0.55	
09/16/25	09/16/2025 12:00 am	Big Butte Springs	0.55	
09/17/25	09/17/2025 05:00 pm	Big Butte Springs	0.55	
09/18/25	09/18/2025 12:00 am	Big Butte Springs	0.55	
09/19/25	09/19/2025 09:00 am	Big Butte Springs	0.55	
09/20/25	09/20/2025 12:00 am	Big Butte Springs	0.55	
09/21/25	09/21/2025 09:00 pm	Big Butte Springs	0.53	
09/22/25	09/22/2025 12:00 am	Big Butte Springs	0.53	
09/23/25	09/23/2025 04:00 am	Big Butte Springs	0.53	
09/24/25	09/24/2025 08:00 am	Big Butte Springs	0.52	
09/25/25	09/25/2025 04:00 am	Big Butte Springs	0.53	
09/26/25	09/26/2025 12:00 am	Big Butte Springs	0.53	
09/27/25	09/27/2025 08:00 pm	Big Butte Springs	0.53	
09/28/25	09/28/2025 12:00 am	Big Butte Springs	0.53	
09/29/25	09/29/2025 08:00 am	Big Butte Springs	0.53	
09/30/25	09/30/2025 12:00 am	Big Butte Springs	0.53	
		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? <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	Title: Plant Supervisor	Operator Certification #: 8480
Singnature: 	Phone #: (541) 774-2743	OR
Date: 10/1/2025	Small Groundwater System _____	