

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Oct, 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
10/01/25	10/01/2025 04:00 am	Big Butte Springs	0.54	
10/02/25	10/02/2025 12:00 am	Big Butte Springs	0.54	
10/03/25	10/03/2025 07:00 am	Big Butte Springs	0.54	
10/04/25	10/04/2025 12:00 am	Big Butte Springs	0.54	
10/05/25	10/05/2025 12:00 am	Big Butte Springs	0.54	
10/06/25	10/06/2025 06:00 am	Big Butte Springs	0.53	
10/07/25	10/07/2025 09:00 am	Big Butte Springs	0.52	
10/08/25	10/08/2025 06:00 am	Big Butte Springs	0.53	
10/09/25	10/09/2025 09:00 am	Big Butte Springs	0.54	
10/10/25	10/10/2025 12:00 am	Big Butte Springs	0.54	
10/11/25	10/11/2025 08:00 am	Big Butte Springs	0.53	
10/12/25	10/12/2025 05:00 am	Big Butte Springs	0.52	
10/13/25	10/13/2025 12:00 am	Big Butte Springs	0.55	
10/14/25	10/14/2025 02:00 am	Big Butte Springs	0.54	
10/15/25	10/15/2025 02:00 am	Big Butte Springs	0.55	
10/16/25	10/16/2025 02:00 am	Big Butte Springs	0.55	
10/17/25	10/17/2025 02:00 am	Big Butte Springs	0.55	
10/18/25	10/18/2025 12:00 am	Big Butte Springs	0.56	
10/19/25	10/19/2025 12:00 am	Big Butte Springs	0.56	
10/20/25	10/20/2025 12:00 am	Big Butte Springs	0.56	
10/21/25	10/21/2025 12:00 am	Big Butte Springs	0.56	
10/22/25	10/22/2025 12:00 am	Big Butte Springs	0.56	
10/23/25	10/23/2025 07:00 pm	Big Butte Springs	0.56	
10/24/25	10/24/2025 12:00 am	Big Butte Springs	0.56	
10/25/25	10/25/2025 10:00 am	Big Butte Springs	0.56	
10/26/25	10/26/2025 12:00 am	Big Butte Springs	0.56	
10/27/25	10/27/2025 08:00 am	Big Butte Springs	0.56	
10/28/25	10/28/2025 12:00 am	Big Butte Springs	0.56	
10/29/25	10/29/2025 10:00 am	Big Butte Springs	0.56	
10/30/25	10/30/2025 12:00 am	Big Butte Springs	0.56	
10/31/25	10/31/2025 12:00 pm	Big Butte Springs	0.57	

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	
<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>Did continuous monitoring equipment fail at any time this reporting month? ___ 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? ___ 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>Date it was returned to service: / /</p>
<p>Printed Name: Matt Severloh</p> <p>Signature: <i>Matt Severloh</i></p> <p>Date: 11/3/2025</p>	<p>Title: Plant Supervisor</p> <p>Phone #: (541) 774-2743</p>	<p>Operator Certification #: 8480</p> <p>OR</p> <p>Small Groundwater System _____</p>