

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

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

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
Signature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: 12/1/2025		Small Groundwater System _____