

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jan, 2026**

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
01/01/26	01/01/2026 12:00 am	Big Butte Springs	0.59	
01/02/26	01/02/2026 12:00 am	Big Butte Springs	0.59	
01/03/26	01/03/2026 12:00 am	Big Butte Springs	0.59	
01/04/26	01/04/2026 12:00 am	Big Butte Springs	0.59	
01/05/26	01/05/2026 12:00 am	Big Butte Springs	0.59	
01/06/26	01/06/2026 12:00 am	Big Butte Springs	0.59	
01/07/26	01/07/2026 12:00 am	Big Butte Springs	0.59	
01/08/26	01/08/2026 12:00 am	Big Butte Springs	0.59	
01/09/26	01/09/2026 12:00 am	Big Butte Springs	0.59	
01/10/26	01/10/2026 12:00 am	Big Butte Springs	0.59	
01/11/26	01/11/2026 12:00 am	Big Butte Springs	0.59	
01/12/26	01/12/2026 12:00 am	Big Butte Springs	0.59	
01/13/26	01/13/2026 06:00 pm	Big Butte Springs	0.52	
01/14/26	01/14/2026 06:00 am	Big Butte Springs	0.51	
01/15/26	01/15/2026 12:00 pm	Big Butte Springs	0.53	
01/16/26	01/16/2026 10:00 am	Big Butte Springs	0.51	
01/17/26	01/17/2026 02:00 pm	Big Butte Springs	0.54	
01/18/26	01/18/2026 07:00 am	Big Butte Springs	0.53	
01/19/26	01/19/2026 12:00 pm	Big Butte Springs	0.55	
01/20/26	01/20/2026 05:00 am	Big Butte Springs	0.54	
01/21/26	01/21/2026 08:00 am	Big Butte Springs	0.56	
01/22/26	01/22/2026 08:00 am	Big Butte Springs	0.55	
01/23/26	01/23/2026 07:00 pm	Big Butte Springs	0.56	
01/24/26	01/24/2026 12:00 am	Big Butte Springs	0.56	
01/25/26	01/25/2026 11:00 pm	Big Butte Springs	0.56	
01/26/26	01/26/2026 12:00 am	Big Butte Springs	0.57	
01/27/26	01/27/2026 10:00 pm	Big Butte Springs	0.57	
01/28/26	01/28/2026 12:00 am	Big Butte Springs	0.57	
01/29/26	01/29/2026 06:00 pm	Big Butte Springs	0.59	
01/30/26	01/30/2026 08:00 am	Big Butte Springs	0.56	
01/31/26	01/31/2026 06:00 am	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

<b>GWS Serving 3,300 or Fewer</b>	<b>GWS Serving More Than 3,300</b>	
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  Signature: <i>Matt Severloh</i>  Date: 2/2/2026	Title: Plant Supervisor  Phone #: (541) 774-2743