

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Feb, 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
02/01/26	02/01/2026 12:00 am	Big Butte Springs	0.56	
02/02/26	02/02/2026 05:00 pm	Big Butte Springs	0.53	
02/03/26	02/03/2026 04:00 am	Big Butte Springs	0.52	
02/04/26	02/04/2026 10:00 am	Big Butte Springs	0.52	
02/05/26	02/05/2026 04:00 am	Big Butte Springs	0.52	
02/06/26	02/06/2026 12:00 pm	Big Butte Springs	0.54	
02/07/26	02/07/2026 12:00 am	Big Butte Springs	0.54	
02/08/26	02/08/2026 12:00 am	Big Butte Springs	0.56	
02/09/26	02/09/2026 02:00 am	Big Butte Springs	0.55	
02/10/26	02/10/2026 07:00 pm	Big Butte Springs	0.55	
02/11/26	02/11/2026 03:00 am	Big Butte Springs	0.54	
02/12/26	02/12/2026 12:00 pm	Big Butte Springs	0.56	
02/13/26	02/13/2026 05:00 am	Big Butte Springs	0.55	
02/14/26	02/14/2026 11:00 am	Big Butte Springs	0.56	
02/15/26	02/15/2026 12:00 am	Big Butte Springs	0.56	
02/16/26	02/16/2026 07:00 pm	Big Butte Springs	0.57	
02/17/26	02/17/2026 05:00 pm	Big Butte Springs	0.55	
02/18/26	02/18/2026 01:00 am	Big Butte Springs	0.54	
02/19/26	02/19/2026 08:00 pm	Big Butte Springs	0.52	
02/20/26	02/20/2026 12:00 am	Big Butte Springs	0.52	
02/21/26	02/21/2026 09:00 pm	Big Butte Springs	0.52	
02/22/26	02/22/2026 06:00 am	Big Butte Springs	0.51	
02/23/26	02/23/2026 06:00 pm	Big Butte Springs	0.52	
02/24/26	02/24/2026 12:00 am	Big Butte Springs	0.53	
02/25/26	02/25/2026 05:00 am	Big Butte Springs	0.53	
02/26/26	02/26/2026 12:00 am	Big Butte Springs	0.58	
02/27/26	02/27/2026 12:00 am	Big Butte Springs	0.59	
02/28/26	02/28/2026 12:00 am	Big Butte Springs	0.58	
		Big Butte Springs		
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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? Attach those results and submit them	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 Attach grab sample results and submit them with this form.	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: 3/3/2026		Small Groundwater System _____