

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, 2025**

Entry Point: EP-C, 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
01/01/25	01/01/2025 12:00 am	Big Butte Springs	0.59	
01/02/25	01/02/2025 02:00 am	Big Butte Springs	0.58	
01/03/25	01/03/2025 10:00 am	Big Butte Springs	0.57	
01/04/25	01/04/2025 10:00 am	Big Butte Springs	0.56	
01/05/25	01/05/2025 12:00 am	Big Butte Springs	0.57	
01/06/25	01/06/2025 12:00 am	Big Butte Springs	0.57	
01/07/25	01/07/2025 12:00 am	Big Butte Springs	0.57	
01/08/25	01/08/2025 12:00 am	Big Butte Springs	0.57	
01/09/25	01/09/2025 04:00 pm	Big Butte Springs	0.57	
01/10/25	01/10/2025 12:00 am	Big Butte Springs	0.57	
01/11/25	01/11/2025 12:00 am	Big Butte Springs	0.57	
01/12/25	01/12/2025 12:00 am	Big Butte Springs	0.57	
01/13/25	01/13/2025 06:00 pm	Big Butte Springs	0.56	
01/14/25	01/14/2025 12:00 am	Big Butte Springs	0.57	
01/15/25	01/15/2025 06:00 am	Big Butte Springs	0.56	
01/16/25	01/16/2025 12:00 am	Big Butte Springs	0.56	
01/17/25	01/17/2025 12:00 am	Big Butte Springs	0.56	
01/18/25	01/18/2025 12:00 am	Big Butte Springs	0.56	
01/19/25	01/19/2025 10:00 pm	Big Butte Springs	0.56	
01/20/25	01/20/2025 12:00 am	Big Butte Springs	0.56	
01/21/25	01/21/2025 12:00 am	Big Butte Springs	0.57	
01/22/25	01/22/2025 04:00 am	Big Butte Springs	0.56	
01/23/25	01/23/2025 04:00 am	Big Butte Springs	0.56	
01/24/25	01/24/2025 12:00 am	Big Butte Springs	0.56	
01/25/25	01/25/2025 07:00 pm	Big Butte Springs	0.56	
01/26/25	01/26/2025 12:00 am	Big Butte Springs	0.56	
01/27/25	01/27/2025 04:00 am	Big Butte Springs	0.56	
01/28/25	01/28/2025 12:00 am	Big Butte Springs	0.57	
01/29/25	01/29/2025 11:00 am	Big Butte Springs	0.56	
01/30/25	01/30/2025 12:00 am	Big Butte Springs	0.56	
01/31/25	01/31/2025 12:00 am	Big Butte Springs	0.58	

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

<p>GWS Serving 3,300 or Fewer</p> <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 style="text-align: center;">GWS Serving More Than 3,300</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Attach grab sample results and submit them with this form.</i></p> </div> <div style="width: 30%; text-align: center;"> <p>Date continuous monitoring equipment failed:</p> <p>/ /</p> <p>Date it was returned to service:</p> <p>/ /</p> </div> </div>
<p>Printed Name: Matt Severloh</p> <p>Signature: </p> <p>Date: 2/1/2025</p>	<p>Title: Plant Supervisor</p> <p>Phone #: (541) 774-2743</p>
<p>Operator Certification #: 8480</p> <p style="text-align: center;">OR</p> <p>Small Groundwater System _____</p>	