

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Jul, 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
07/01/25	07/01/2025 07:00 am	Big Butte Springs	0.58	
07/02/25	07/02/2025 02:00 pm	Big Butte Springs	0.57	
07/03/25	07/03/2025 04:00 pm	Big Butte Springs	0.56	
07/04/25	07/04/2025 12:00 am	Big Butte Springs	0.56	
07/05/25	07/05/2025 08:00 pm	Big Butte Springs	0.56	
07/06/25	07/06/2025 12:00 am	Big Butte Springs	0.56	
07/07/25	07/07/2025 12:00 am	Big Butte Springs	0.57	
07/08/25	07/08/2025 07:00 am	Big Butte Springs	0.56	
07/09/25	07/09/2025 09:00 am	Big Butte Springs	0.56	
07/10/25	07/10/2025 10:00 pm	Big Butte Springs	0.56	
07/11/25	07/11/2025 12:00 am	Big Butte Springs	0.56	
07/12/25	07/12/2025 07:00 am	Big Butte Springs	0.55	
07/13/25	07/13/2025 11:00 pm	Big Butte Springs	0.54	
07/14/25	07/14/2025 12:00 am	Big Butte Springs	0.54	
07/15/25	07/15/2025 12:00 am	Big Butte Springs	0.56	
07/16/25	07/16/2025 12:00 am	Big Butte Springs	0.57	
07/17/25	07/17/2025 06:00 pm	Big Butte Springs	0.56	
07/18/25	07/18/2025 06:00 am	Big Butte Springs	0.55	
07/19/25	07/19/2025 07:00 am	Big Butte Springs	0.56	
07/20/25	07/20/2025 04:00 am	Big Butte Springs	0.56	
07/21/25	07/21/2025 05:00 pm	Big Butte Springs	0.57	
07/22/25	07/22/2025 12:00 am	Big Butte Springs	0.57	
07/23/25	07/23/2025 01:00 am	Big Butte Springs	0.57	
07/24/25	07/24/2025 12:00 am	Big Butte Springs	0.57	
07/25/25	07/25/2025 06:00 am	Big Butte Springs	0.56	
07/26/25	07/26/2025 05:00 am	Big Butte Springs	0.56	
07/27/25	07/27/2025 09:00 pm	Big Butte Springs	0.56	
07/28/25	07/28/2025 03:00 am	Big Butte Springs	0.56	
07/29/25	07/29/2025 08:00 am	Big Butte Springs	0.55	
07/30/25	07/30/2025 09:00 am	Big Butte Springs	0.54	
07/31/25	07/31/2025 07:00 am	Big Butte Springs	0.55	

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
Signature: <i>Matt Severloh</i>		Phone #: (541) 774-2743
Date: 8/6/2025		Operator Certification #: 8480 OR Small Groundwater System _____