

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

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

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	Date continuous monitoring equipment failed: / /
	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 it was returned to service: / /
Printed Name: Matt Severloh	Title: Plant Supervisor	Operator Certification #: 8480
Signature: 	Phone #: (541) 774-2743	OR
Date: 1/5/2026		Small Groundwater System _____