

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

System Name: Medford Water Commission

PWS ID#: OR 41-00513

Month/Year: **Mar, 2026**

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

<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	Title: Plant Supervisor	Operator Certification #: 8480
Singnature: <i>Matt Severloh</i>	Phone #: (541) 774-2743	OR
Date: 4/1/2026		Small Groundwater System _____