

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

System Name Alder Creek Barlow Water District

PWS ID# 4 1 00630

Month/Year Jan/2021

Entry Point: A

Required Minimum Residual 0.5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	If below minimum – how long? (in hours)	Notes
1		City of Sandy	.49		
2			.53		
3			.51		
4			.54		
5			.55		
6			.53		
7			.65		
8			.52		
9			.54		
10			.61		
11			.65		
12			.54		
13			.52		
14			.60		
15			.73		
16			.54		
17			.51		
18			.50		
19			.51		
20			.71		
21			.79		
22			.91		
23			.92		
24			.83		
25			.74		
26			.60		
27			.64		
28			.69		
29			.76		
30			.51		
31			.64		

Was the chlorine residual ever less than the required minimum residual of 0.5 mg/L? Yes  x No

If yes, what was the longest time period until the required level was restored?

**Population 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to 0.5 mg/L as required? Yes  x No

*Attach those results and submit them with this form.*

**Population of more Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes x No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes x No

*Attach grab sample results and submit them with this form.*

Printed Name: Jeremy Tower

Operator

Operator Certification #:

Signature: Jeremy Tower \_\_\_\_\_

Phone #: (503)806-4734

OR

Date: 7 / 31 / 2021

Small Groundwater System x

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**