

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	1.05		
2			1.01		
3			.99		
4			.62		
5			.83		
6			.90		
7			.60		
8			.97		
9			.95		
10			.89		
11			.50		
12			.29		
13			.49		
14			.50		
15			.51		
16			.29		
17			.81		
18			.82		
19			.19		
20			.74		
21			.96		
22			.91		
23			.72		
24			.90		
25			.63		
26			.75		
27			.79		
28			.83		
29			.49		
30			.62		
31					

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: 11 / 30 / 2021

Small Groundwater System x

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.