

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 FEb/2022

Entry Point: Sandy A.C. Treatment Plant

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		A.C. Plant	.92		
2			.90		
3			.88		
4			.91		
5			.80		
6			.89		
7			.85		
8			.82		
9			.90		
10			.87		
11			.84		
12			.81		
13			.85		
14			.86		
15			.91		
16			.78		
17			.88		
18			.84		
19			.93		
20			.80		
21			.81		
22			.88		
23			.91		
24			1.10		
25			1.09		
26			1.11		
27			1.09		
28			1.00		
29					
30					
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: 3 / 1 / 2022

Small Groundwater System

**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.**