

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 March/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	1.00		
2			.90		
3			1.01		
4			.92		
5			1.19		
6			1.20		
7			1.15		
8			1.13		
9			1.00		
10			1.04		
11			1.09		
12			1.03		
13			.93		
14			.90		
15			.91		
16			.97		
17			.81		
18			.91		
19			1.22		
20			1.20		
21			1.13		
22			1.10		
23			1.12		
24			1.00		
25			.93		
26			1.11		
27			1.10		
28			1.06		
29			1.03		
30			1.04		
31			1.08		

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: 4 / 1 / 2022

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.**