

State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems REC'D FEB - 4 2021

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 1/21 Entry Point: EP-B (dump house) Required Minimum Residual 0.20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:00	7385780	.68	1810
2	8:04	7387570	.71	4000
3	8:56	7391590	.69	3770
4	6:00	7395310	.71	6260
5	5:39	7401770	.71	1440
6	6:00	7403210	.68	5250
7	6:00	7408260	.71	3730
8	6:00	7411990	.69	3840
9	8:15	7415830	.71	5260
10	6:40	7421090	.67	3970
11	6:00	7425060	.71	4410
12	6:00	7429470	.76	4710
13	5:58	7434180	.71	4850
14	6:00	7438430	.69	3360
15	6:01	7441990	.71	4510
16	8:19	7446300	.69	4350
17	7:49	7450860	.72	3360
18	6:01	7454220	.71	5690
19	6:01	7459910	.69	1370
20	6:02	7461280	.71	5190
21	6:00	7466470	.72	1760
22	5:30	7468230	.71	5330
23	7:56	7475560	.70	1620
24	6:24	7477180	.69	3910
25	6:03	7481100	.71	3750
26	6:02	7484850	.69	2820
27	6:00	7487670	.71	3910
28	6:03	7491580	.68	5790
29	6:00	7496770	.72	3970
30	7:19	7500740	.71	2600
31	6:51	7503340	.69	1730

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: BRYAN DANIELS Title: JRC Operator Certification #: _____
 Signature: _____ Phone #: (541) 944-5538 OR
 Date: 1/30/2021 Small Groundwater System