

State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems

System Name W.H.S. SPRING PINES PWS ID# 41-01468
 Month/Year 8/21 Entry Point EP-B (pump 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	6:26	8558110		
2	5:38	8564210	.49	6100
3	5:37	8572610	.48	8460
4	6:04	8578300	.57	5830
5	6:04	8584800	.47	6300
6	5:56	8596880	.51	12080
7	6:36	8607130	.49	10250
8	6:13	8609460	.57	2330
9	5:37	8617590	.46	8130
10	5:57	8629530	.48	11940
11	5:57	8638420	.49	8870
12	6:01	8646120	.48	770
13	5:30	8653110	.57	670
14	6:19	8659710	.48	600
15	7:30	8664100	.51	4970
16	5:30	8672210	.47	510
17	5:51	8677470	.51	5260
18	5:19	8681510	.43	4070
19	5:59	8689740	.57	8200
20	6:10	8694910	.49	5170
21	5:34	8699730	.51	5020
22	6:37	8708800	.47	860
23	5:57	8719670	.41	10850
24	5:37	8728330	.47	860
25	5:41	8730770	.44	2490
26	5:42	8736400	.22	5630
27	5:43	8741020	.71	4620
28	5:43	8747560	.41	6540
29	5:53	8753120	.65	5560
30	5:59	8760530	.35	74010
31	5:24	8764180	.49	3650
		8776590	.51	12410

Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 Yes No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: DICKY J. WILKES
 Signature: _____
 Date: 8/31/2021

Title: LRC
 Phone #: (541) 944-5538

Operator Certification #: _____
 OR
 Small Groundwater System