

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

System Name WHISPERING PINES PWS ID# 41-01468  
 Month/Year 11/21 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	6:09	9092650	.41	4680
2	6:04	9097330	.45	3720
3	6:19	9101050	.44	2670
4	6:09	9103720	.52	6600
5	7:11	9110320	.49	1830
6	8:14	9112150	.46	1010
7	6:12	9113160	.47	7710
8	5:44	9120870	.51	1190
9	5:56	9122060	.46	2360
10	5:58	9124420	.46	3560
11	5:42	9127980	.51	2390
12	5:56	9130370	.51	3800
13	5:15	9134170	.51	1290
14	6:10	9135460	.49	4380
15	5:30	9139840	.51	4070
16	5:56	9143910	.53	4660
17	5:44	9148570	.49	2970
18	5:31	9151540	.49	3780
19	5:57	9155320	.51	10860
20	6:53	9166180	.47	3240
21	6:13	9169420	.50	3020
22	5:31	9172440	.47	4340
23	5:40	9176780	.51	6840
24	6:02	9183620	.47	5200
25	6:14	9188820	.50	3020
26	5:56	9191870	.51	6520
27	6:13	9198360	.54	1930
28	6:10	9200290	.59	4470
29	5:10	9204760	.49	3910
30	5:13	9208670	.51	4910
31		9213580		

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

<p><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date continuous monitoring equipment failed: _____</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>Date it was returned to service: _____</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: BUNNY DANIELS Title: DRC Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (541) 944-5338  
 Date: 11/30/2021 OR  
 Small Groundwater System