

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

REC'D FEB 1 2022

System Name WHISPERING PINES PWS ID# 41-01468

Month/Year 1/2022 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
		9324300		
1	7:27	9328020	.49	3720
2	6:06	9332400	.51	4380
3	5:55	9334050	.54	1650
4	5:51	9338700	.51	4350
5	5:49	9341690	.49	3290
6	5:54	9345310	.53	3620
7	5:59	9348300	.49	2990
8	6:10	9353920	.49	5620
9	6:21	9358310	.51	4290
10	5:56	9361180	.47	2870
11	6:29	9365520	.58	4340
12	5:59	9368730	.53	3210
13	5:56	9371970	.57	3240
14	5:29	9375350	.47	3380
15	6:21	9381070	.49	5120
16	6:51	9388010	.51	6940
17	5:59	9391070	.45	3060
18	5:28	9394340	.50	3270
19	5:24	9397580	.47	3240
20	5:36	9399790	.51	2210
21	5:34	9401420	.46	1620
22	5:36	9405210	.51	3790
23	5:59	9411970	.47	6160
24	5:54	9413200	.51	1230
25	5:36	9415270	.50	2070
26	5:59	9419280	.47	4010
27	5:57	9423550	.51	4270
28	5:59	9427130	.49	3500
29	7:56	9433060	.51	5930
30	6:09	9434820	.47	1760
31	5:56	9437770	.53	2950

NEXT

NEXT

NEXT

NEXT

NEXT

NEXT

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>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>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>
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24 MW

Printed Name: BRIAN DANIELS Title: JRC Operator Certification #: _____
 Signature: _____ Phone #: (541) 944-5538 OR
 Date: 1/31/2022 Small Groundwater System