State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

6	System	stem Name WHISTERING PINCES PWS ID# 41-01468						
,	Month/\				( Dump house) Required Minimum Residual 0.20 mg/L			
	Date	Time	Source(s) 7555 c		Lowest free chlorine residual at entry point to distribution system (mg/L	)	Notes	
MAT	1	539	9568	3220 _	.44		3180	
1~1	2	5:32	956	4310 _	47	upl	4090	
	3.	531	956	1800	146		2490	
	4	5.56	9568	3720	57	Marie and a standard and a second	3920	
	5	721	9573	240	4)	CONTRACTOR OF THE PARTY OF THE	4530	
11	6	6:34	9576	750	- 14	-	0-0	
NEX	7	531	000	(130	- 76		3510	
	8		000	770	12	<del></del>	5/90	
	9	5:57	1301	200	15/		3110	
	10	5.59	958	5760	146		2300	
	11	0.07	62-6	7480	177		0520	
MEXT		5.71	9593	1020	:26		5340	
The same	12	7:52	73 4	600	17	<u> </u>	7660	
	13	661	2600	1900	-37		3/20	
	14	1.00	9/00	450	19/		3050	
	15	5:19	760	000	- 51		5600	
HETTI	16	O	3910	100	14.2		4610	
He.	17	23	6954	STO	147	<del></del>	4660	
	18	52/	765	260	156	-	4220	
200	19	8:19	762	7490	,47		2030	
	20	335			126	<u> </u>	4990	
NEXT	21	5.25	397	7280	199	3,764	7710	
Den	22	7109	1979	1990	,5/		4260	
	23	2.07	9696	> /00	199		4710	
	24	5.57	7621	330	15%		7550	
	25	5:40	700	5380	et/		2140	
NATO	26	6:51	760	737	190		1930	
NET	27 28	53)	6119		125		1570	
	The same of the sa		6983	498	17/0		100	
	29 30	5.42	76/3	1300	7.75		4/00	
/	31	2:50	0/8	5900	47		- 6500	
- المعا	COM DESCRIPTION OF STREET		700	3 160		TV V	7800	
NPI				ver less than the required minimum residual of OQ Omg/L? Yes Wo time period until the required level was restored? hours				
GWS Serving 3,300 or Fewer GWS Serving More							000	
	If yes, did you monitor every four hours until the residual returned tomg/L? Yes No  Attach those results and submit them with this form.			Did continuous monitoring equipment fail at any time this reporting montin?   Yes		Date continuous monitoring equipment falled:		
				if yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?  □ Yes □ No			1 1	
							Date it was returned to service:	
				Attach grab sample results and submit them with this for				
	Printed Name: DC Operator Certification #						artification #	
		Signature: Phone # (591) 944-5538 OR Date: 3 / 31 / 20 Small Groundwater System []						
	Date: _	2/21.				Small (	Groundwater System 🗆	