

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

System Name

Whispering Pines

PWS ID# 41-01468

Month/Year

4/2022

Entry Point

EP-13 (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	5:49	9685960	.51	6090
2	6:10	9692050	.49	9570
3	7:15	9701620	.53	3150
4	5:31	9704770	.47	5810
5	5:36	9710520	.49	5200
6	5:32	9715720	.43	6160
7	5:13	9721880	.42	5600
8	5:19	9727480	.59	6380
9	6:13	9733860	.51	7890
10	7:24	9741750	.42	3370
11	5:19	9745120	.44	4450
12	5:21	9749570	.44	4570
13	5:31	9754080	.53	4570
14	5:39	9758590	.51	3280
15	5:46	9763870	.41	3770
16	5:21	9767640	.51	4920
17	5:15	9772560	.54	4600
18	5:43	9777160	.48	4560
19	6:10	9781720	.51	4880
20	6:07	9786600	.54	4880
21	5:34	9791480	.51	3640
22	5:51	9795120	.47	4880
23	7:49	9800000	.51	5250
24	7:58	9805250	.49	3290
25	5:31	9808540	.52	4500
26	6:20	9813040	.54	4330
27	5:31	9817370	.51	2830
28	5:19	9820200	.51	3050
29	5:21	9823250	.49	4000
30	9:19	9827250	.41	2330
31		9829580		

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:

BRYAN DANIELS

Title:

PRC

Operator Certification #:

Signature:

[Signature]

Phone #:

(541) 944-5530

OR

Date:

5/1/2022

Small Groundwater System