

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

REC'D MAR - 3 2021

System Name WHISPERING PINES PWS ID# 41-01468  
 Month/Year 2/2021 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	6:23	7605070	.69	4500
2	5:58	7509570	.71	3090
3	5:56	7512660	.72	1340
4	6:04	7514000	.65	4750
5	5:58	7518950	.72	2760
6	7:56	7521910	.71	1180
7	6:31	7523090	.72	3510
8	6:01	7526600	.71	5820
9	5:59	7532430	.72	2910
10	6:04	7535340	.78	3350
11	6:17	7538640	.82	3470
12	6:11	7542160	.83	3340
13	7:24	7545500	.84	3070
14	7:00	7548570	.83	2590
15	5:56	7551160	.82	3070
16	6:02	7554230	.79	1830
17	6:01	7556060	.76	3440
18	5:57	7559500	.73	4710
19	6:03	7564210	.74	2630
20	5:59	7566840	.71	3130
21	6:23	7569970	.69	3520
22	6:01	7573440	.72	2350
23	6:00	7575840	.73	5310
24	6:03	7581150	.71	2910
25	6:01	7584060	.74	4130
26	6:03	7588190	.72	3690
27	6:00	7591080	.71	3140
28	5:58	7595320	.76	6520
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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>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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Printed Name: Billy Daniels Title: JRC Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (541) 944-5338 OR  
 Date: 2/28/2021 Small Groundwater System