

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

REC'D APR 05 2021

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 3/2021 Entry Point EP-B (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	5:59	7601840	.72	5950
2	6:01	7607790	.74	5970
3	6:00	7611760	.73	2970
4	5:58	7614230	.72	2970
5	6:01	7617260	.74	2530
6	7:03	7621290	.73	4030
7	7:01	7622120	.76	830
8	6:07	7625070	.74	2950
9	6:02	7632740	.71	1620
10	5:59	7635500	.73	2760
11	6:04	7638010	.72	2510
12	6:02	7641280	.73	3210
13	6:02	7644230	.74	2950
14	6:07	7646530	.72	2300
15	6:02	7654610	.71	2080
16	6:00	7656170	.72	1560
17	6:02	7658980	.73	2910
18	5:59	7665150	.73	2830
19	7:24	7668280	.74	3130
20	7:40	7673490	.72	5210
21	8:43	7678180	.74	4690
22	6:01	7683290	.73	5710
23	6:01	7681350	.71	4060
24	6:02	7690920	.73	3570
25	6:00	7693420	.74	2500
26	6:01	7696950	.74	3530
27	7:24	7700070	.73	3120
28	9:03	7701490	.74	1370
29	6:01	7706710	.73	5270
30	6:01	7711460	.74	4750
31	6:02	7715490	.70	4030
		7720370		4880

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 <u>20</u> mg/L? <input type="checkbox"/> Yes <input checked="" 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>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: BOBBY DANIELS Title: DIC Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 944-5538 OR
 Date: 3/31/21 Small Groundwater System