

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

REC'D JUN 01 2021

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 5/21 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	6:12	7908200	.73	8920
2	2:13	7917120	.74	3980
3	5:59	7921100	.74	11600
4	6:04	7932600	.73	8000
5	6:02	7941200	.68	6350
6	6:12	7941550	.73	8930
7	6:04	7956480	.74	6410
8	8:56	7962890	.74	6460
9	7:56	7969350	.79	4960
10	6:03	7973810	.74	12020
11	6:06	7985830	.74	7130
12	6:01	7992960	.73	6750
13	7:14	7999710	.74	13430
14	5:59	8013140	.69	9270
15	6:49	8022410	.72	740
16	6:44	8030150	.73	4320
17	5:22	8034470	.71	14530
18	6:01	8049000	.66	4870
19	5:56	8053870	.68	5640
20	6:04	8059510	.71	4020
21	6:06	8063530	.72	4080
22	8:36	8067610	.72	2540
23	7:14	8070150	.68	4740
24	5:44	8074890	.71	4930
25	5:51	8084820	.66	6380
26	5:59	8091020	.72	6550
27	6:01	8097570	.69	4750
28	7:10	8102320	.71	6710
29	7:56	8109110	.73	1530
30	6:03	810240	.66	6320
31	6:40	8116960	.69	3710
		8120750		

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 checked="" 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: BILLY DANIELS Title: DRC Operator Certification #: _____
 Signature: _____ Phone #: (541) 944-5538 OR
 Date: 5/31/21 Small Groundwater System