

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

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 7/11 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	6:01	8331420	.61	19080
2	1:52	8345500	.58	3680
3	6:14	8349180	.56	2880
4	7:19	8352060	.62	4490
5	6:01	8356550	.56	14400
6	6:19	8370950	.52	8400
7	6:00	8379380	.58	6520
8	5:30	8386900	.62	11140
9	6:00	8397040	.59	3380
10	7:00	8400420	.61	5320
11	7:23	8405940	.58	7220
12	5:30	8412960	.56	17040
13	5:50	8430050	.59	4600
14	5:50	8434670	.58	3500
15	6:00	8438020	.59	10270
16	5:36	8448290	.61	5210
17	6:04	8453500	.56	11600
18	5:57	8465100	.58	8500
19	5:45	8473600	.56	6620
20	5:34	8480220	.54	6560
21	6:02	8486580	.53	3170
22	5:56	8489750	.56	3950
23	5:41	8493700	.59	3180
24	5:51	8496880	.54	7140
25	6:00	8504020	.56	7600
26	5:19	8511680	.54	4190
27	7:13	8515870	.51	6700
28	5:57	8522630	.49	15080
29	5:56	8537710	.51	10810
30	5:48	8548530	.56	7510
31	5:12	8556030	.53	2080

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> </u> 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: <u> </u>/<u> </u>/<u> </u></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: <u> </u>/<u> </u>/<u> </u></p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: DAN DANIELS Title: JRC Operator Certification #:
 Signature: [Signature] Phone #: (541) 944-5538 OR
 Date: 7/31/21 Small Groundwater System