

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

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 9/21 Entry Point EP-13 (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	5:20	8776590	.56	9600
2	5:19	8786190	.57	5510
3	6:01	8791700	.53	8010
4	6:10	8802830	.51	10940
5	5:59	8813770	.49	5990
6	5:29	8819760	.51	6520
7	6:04	8826280	.56	4470
8	6:03	8830750	.54	5700
9	5:30	8836450	.56	1490
10	5:36	8837940	.54	9400
11	8:50	8847390	.52	3330
12	6:00	8850620	.51	7450
13	5:39	8858120	.52	2020
14	6:01	8866140	.49	6190
15	5:33	8872330	.51	5250
16	5:34	8877980	.49	10530
17	5:56	8888510	.51	2780
18	6:34	8891270	.52	3150
19	6:40	8894440	.46	6030
20	6:10	8900470	.47	6380
21	6:05	8905850	.47	5560
22	6:01	8911410	.51	8970
23	5:31	8920380	.46	8850
24	5:28	8929270	.48	5730
25	8:01	8935000	.50	3940
26	6:10	8938850	.49	5410
27	5:38	8944260	.51	6020
28	5:40	8950280	.45	5660
29	5:19	8955740	.46	5000
30	5:35	8960940	.45	2230
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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
 Date continuous monitoring equipment failed: _____/_____/_____
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No
 Date it was returned to service: _____/_____/_____
 Attach grab sample results and submit them with this form.

Printed Name: DANIELS Title: DRC
 Signature: _____ Phone #: (541) 944-5538
 Date: 9/30/2021

Operator Certification #: _____
 OR
 Small Groundwater System