

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

REC'D JAN 1 2022

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 12/2021 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	5:09	9213580	.57	1800
2	5:14	9215380	.56	500
3	6:17	9218750	.54	2870
4	5:19	9220630	.49	1880
5	7:56	9223040	.47	2410
6	6:01	9226020	.54	2780
7	5:56	9231210	.53	5170
8	5:54	9234730	.52	2490
9	6:01	9238470	.47	3750
10	5:40	9241760	.48	3290
11	5:35	9244920	.51	3160
12	5:33	9248570	.52	3650
13	5:38	9251790	.51	3220
14	5:46	9255200	.49	3440
15	5:59	9259430	.51	4230
16	6:04	9263250	.49	3820
17	5:56	9266780	.49	3730
18	7:03	9271250	.51	4170
19	7:19	9274490	.47	3740
20	5:03	9279310	.51	4820
21	5:48	9283570	.47	4660
22	5:39	9287710	.51	3740
23	5:57	9292390	.52	4680
24	5:59	9297990	.47	5600
25	6:50	9304900	.51	6910
26	5:36	9306680	.49	1780
27	5:43	9309990	.51	3310
28	6:09	9313570	.48	3600
29	0:39	9316580	.42	2990
30	0:31	9321300	.51	4720
31	5:56	9324300	.51	3000

NEXT

NEXT

NEXT

NEXT

NEXT

NEXT

Was the chlorine residual ever less than the required minimum residual of .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 .20 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 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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7:04
 7:20
 24 Nov

Printed Name: BRYAN JAMES Title: ORL Operator Certification #: _____
 Signature: _____ Phone #: (541) 944-5532 OR
 Date: 12/31/2021 Small Groundwater System

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