

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

REC'D MAR 1 2022

System Name WHISPERING PINES PWS ID# 41-01468
 Month/Year 2/2022 Entry Point EP-B (DUMP HOUSE) Required Minimum Residual 0.20 mg/L



NEXT

NEXT

NEXT

NEXT

NEXT

NEXT

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
		9437770		
1	5:31	9442760	.47	4990
2	5:41	9448270	.51	5510
3	5:59	9452010	.49	3740
4	5:34	9455730	.51	3720
5	5:49	9457640	.49	1910
6	5:16	9462320	.51	4680
7	6:01	9463460	.49	1140
8	5:51	9467720	.51	4460
9	5:09	9470810	.49	2890
10	5:36	9474170	.51	3360
11	5:19	9479540	.49	5370
12	7:24	9482690	.47	3150
13	7:57	9487380	.51	4890
14	5:29	9497580	.49	10000
15	5:19	9501980	.51	4200
16	5:13	9506920	.49	5140
17	5:21	9511260	.51	4340
18	5:19	9516190	.49	4930
19	7:26	9522970	.49	6780
20	5:51	9528340	.50	5370
21	5:49	9531830	.49	3190
22	5:36	9535590	.51	5760
23	5:57	9537970	.47	2380
24	5:19	9540280	.49	2310
25	5:57	9544350	.51	4020
26	5:57	9548770	.47	4420
27	7:31	9553170	.51	4420
28	5:25	9555040	.46	1850
29				
30				
31				

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

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
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____
 Date it was returned to service: _____

Printed Name: BILLY DANIELS Title: JRC Operator Certification #: _____
 Signature: _____ Phone #: (541) 944-5538 OR
 Date: 02/28/2022 Small Groundwater System