

Water Quality Parameter Monitorin Form
Lead Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4	7.7				Y
5					
6					
7					
8					
9					
10					
11	7.7				Y
12					
13					
14					
15					
16					
17					
18	7.5				Y
19					
20					
21					
22					
23					
24					
25	7.4				Y
26					
27					
28					
29					
30					
31					
(no = N = Excursion) Total N's					0

<<Have minimums
 been met for this
 day?

PWS ID: 41 90556

ENTRY POINT

System Name: Triangle Lake High/Elem SD90
Entry Point: Pump House
Sample Period: 2-1-26/2-28-26
 Month/Year

Number of excursions * During this Month: 0

(Count the number of days when an WQP was less than the minimum required)

Total excursions during the previous 5 months: 0
 (over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)

For OHA use Only	
Minimum Water Quality Parameters as set by	
pH	<u>7.2</u>
Alk	(Alkalinity)
PO4	(Orthophosphate)
Other	()

Print Name: Shane Benseoter

Signature:

Date: 3/2/2026

Send to DWP within 10 days after end of sampling period

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

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 4 1 90566

Month/Year 2/2026

Entry Point: SOUTH KITCHEN SINK

Required Minimum Residual 0.2 mg/L

Date	Time AM	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	SUN			NO SCHOOL
2	6:00		.64	
3	6:00		.59	
4	6:00		.61	
5	6:00		.58	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	6:00		.58	
10	6:00		.54	
11	6:00		.54	
12	6:00		.62	
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	MON			PRESIDENTS DAY
17	6:00		.50	
18	6:00		.54	
19	6:00		.58	
20	FRI			NO SCHOOL
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	6:00		.54	
24	6:00		.55	
25	6:00		.58	
26	6:00		.60	
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center">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>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
---	--	---

Printed Name: SHANE BENSCOTER Signature:  Date: 3/27/2026	Title: FACILITES/MAINTENANCE Phone #: (541) 925-3262	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
--	---	--

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.