

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

System Name Triangle Lake Charter School PWS ID# 41 90556
 Month/Year Jan/21 Entry Point: Southkite Sink Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2		No school		
3				
4	8:00		.59	
5	9:00		.61	
6	10:00			
7	9:00			
8				
9		No school		
10				
11	8:00		.58	
12	11:00		.63	
13	10:00		.65	
14	9:00		.62	
15		No school		
16				
17		Holiday		
18				
19	1:00		.57	
20	10:00		.60	
21	10:00		.61	
22		NO school		
23				
24				
25	10:00		.64	
26	9:00		.62	
27	10:00		.65	
28	9:00		.63	
29		NO school		
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>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>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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: ___/___/___</p> <p>Date it was returned to service: ___/___/___</p>
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Printed Name: Jeff Richardson Title: Transportation Operator Certification #: _____
 Signature: [Signature] Phone #: 591 925-3262 OR
 Date: 2/9/2021 E-124 Small Groundwater System