

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 Feb 21 Entry Point: South Kite 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	8:00			
2	9:00		.59	
3	10:00		.60	
4	9:00		.61	
5			.61	
6				
7				
8	8:00			
9	8:00		.62	
10	8:00		.63	
11	8:00		.63	
12	8:00		.63	
13				
14				
15				
16	12:00	Holiday		
17	8:30		.66	
18	7:30		.66	
19			.66	
20				
21				
22	7:30			
23	8:00		.58	
24	9:00		.63	
25	7:30		.63	
26			.66	
27				
28				
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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  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 as required?  Yes  No  
 Date it was returned to service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Attach grab sample results and submit them with this form.

Printed Name: Jeff Richardson  
 Signature: [Signature]  
 Date: 3/1/2021

Title: Transportation  
 Phone #: 591 925-3262  
E-124

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System