

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 Apr 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	10:00		.75	
2				
3				
4		/ No / school		
5	6:00		.65	
6	8:00		.74	
7	10:00		.71	
8	6:30		.78	
9				
10		/ No School /		
11				
12	8:00		.75	
13	9:00		.83	
14	9:15		.83	
15	9:00		.85	
16				
17		/ No school		
18				
19	8:30		.77	
20	8:00		.84	
21	9:00		.81	
22	8:45		.82	
23				
24		/ NO School		
25				
26	10:00		.92	
27	9:00		.85	
28	9:15		.80	
29	9:30		.83	
30				
31		/ No School		

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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>

Printed Name: Jeff Richardson Title: Transportation Operator Certification #: _____
 Signature: Jeff Richardson Phone #: 541 925-3262 OR
 Date: 04/29/2021 E: 124 Small Groundwater System