

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 7/21 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				
3	//	/ No school		
4				
5				
6				
7				
8				
9				
10	//	/ No school		
11				
12	11:00		1.04	
13				
14				
15				
16				
17	//	/ No school		
18				
19				
20				
21				
22				
23				
24	//	/ No school		
25				
26	1:00		1:00 pm	
27				
28				
29				
30	//	/ No school		
31				

Was the chlorine residual ever less than the required minimum residual of 0.2 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>
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Printed Name: Jeff Richardson Title: Transportation Operator Certification #: _____
 Signature: [Signature] Phone #: 591 925-3262 OR
 Date: 8/9/2021 E-124 Small Groundwater System