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: 8 21 Entry Point: South Kitc 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	//	No School	//	
2	9:00		.60	
3	10:00		.62	
4	9:00		.70	
5	9:30		.69	
6				
7	//	/ No School	/ /	
8				
9	9:00		.59	
10	10:00		.63	
11	9:00		.72	
12	10:00		.68	
13				
14	//	/ No School	/ /	
15				
16	10:00		.58	
17	1:00		.62	
18	9:00		.69	
19	9:30		.72	
20				
21	//	/ No School	/ /	
22				
23	4:00		.76	
24	9:00		.74	
25	8:00		.75	
26	9:00		.78	
27				
28	//	/ No School	/ /	
29				
30	9:00		.67	
31	10:00		.65	

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.

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 Title: Transportation

Signature: Jeff Richardson Phone # 541 925-3262 E: 124

Date: 09/02/2021

Operator Certification #: _____

OR

Small Groundwater System ☐