

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

System Name **Triangle Lake Charter School** PWS ID# **4 1 90556**  
 Month/Year **10/2021** Entry Point: **South Kitchen 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	FRI			NO SCHOOL
2	SAT			NO SCHOOL
3	SUN			NO SCHOOL
4	5:20AM		.71	
5	5:53AM		.72	
6	5:15AM		.69	
7	5:00AM		.68	
8	FRI			NO SCHOOL
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	5:05AM		.66	
12	5:20AM		.52	
13	5:37AM		.56	
14	5:42AM		.58	
15	6:30AM		.60	ALL STAFF REPORT
16	SAT			
17	SUN			
18	5:10AM		.62	
19	5:14AM		.67	
20	5:22AM		.69	
21	5:37AM		.70	
22	FRI			NO SCHOOL
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL
25	5:15 AM		.72	
26	5:00AM		.71	
27	5:00AM		.71	
28	5:20AM		.68	
29	FRI			NO SCHOOL
30	SAT			NO SCHOOL
31	SUN			NO SCHOOL

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><b>GWS Serving 3,300 or Fewer</b></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><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: **SHANE BENSCOTER** Title: **FACILITIES DIRECTOR** Operator Certification #: \_\_\_\_\_  
 Signature:  Phone #: **(541-925-3262-E134)** OR  
 Date: **11 / 01 / 2021** Small Groundwater System