

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

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|-------------|------------------------------|---------------------------|--------------------|
| System Name | TRIANGLE LAKE CHARTER SCHOOL | PWS ID# | 4 1 90556 |
| Month/Year | 11/2021 | 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 | 5:00 AM | | .68 | |
| 2 | 5:15 AM | | .70 | |
| 3 | 5:10 AM | | .71 | |
| 4 | 5:00 AM | | .66 | |
| 5 | Fri | | | No School |
| 6 | Sat | | | No School |
| 7 | Sun | | | No School |
| 8 | 5:30 AM | | .52 | |
| 9 | 5:15 AM | | .56 | |
| 10 | 5:00 AM | | .68 | |
| 11 | 5:22 AM | | .54 | |
| 12 | Fri | | | No School |
| 13 | Sat | | | No School |
| 14 | Sun | | | No School |
| 15 | 5:45 AM | | .60 | |
| 16 | 5:00 AM | | .62 | |
| 17 | 5:30 AM | | .68 | |
| 18 | 5:30 AM | | .71 | |
| 19 | Fri | | | No School |
| 20 | Sat | | | No School |
| 21 | Sun | | | No School |
| 22 | 7:30 AM | | .73 | |
| 23 | 6:45 AM | | .74 | |
| 24 | Wed | | | No School |
| 25 | Thurs. | | | Thanksgiving |
| 26 | Fri | | | No School |
| 27 | Sat | | | No School |
| 28 | Sun | | | |
| 29 | 5:00 AM | | .72 | |
| 30 | 4:50 AM | | .68 | |
| 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><i>Attach those results and submit them with this form.</i></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><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 Signature:  Date: 12/1/2021 | Title: Maintenance/Facilities Phone #: (541) 925-3262 Ext 134 | Operator Certification #: OR Small Groundwater System <input type="checkbox"/> |
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Return by 10th of following month by either email dpw.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.