

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

System Name	TRIANLE LAKE CHARTER SCHOOL	PWS ID#	4 1 90556
Month/Year	1/ 2022	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				NO SCHOOL
2				NO SCHOOL
3	5:00 AM		.72	
4	5:00 AM		.70	
5	5:45 AM		.65	
6	5:00 AM		.63	
7				NO SCHOOL
8				NO SCHOOL
9				NO SCHOOL
10	5:15 AM		.65	
11	5:30 AM		.68	
12	5:25 AM		.76	
13	5:30 AM		.78	
14				NO SCHOOL
15				NO SCHOOL
16				NO SCHOOL
17				HOLIDAY NO SCHOOL
18	5:00 AM		.67	
19	5:30 AM		.60	
20	5:30 AM		.63	
21				NO SCHOOL
22				NO SCHOOL
23				NO SCHOOL
24	5:00AM		.65	
25	5:45 AM		.69	
26	5:25AM		.72	
27	5:00 AM		.70	
28				NO SCHOOL
29				NO SCHOOL
30				NO SCHOOL
31	5:00 AM		.65	

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><i>Attach those results and submit them with this form.</i></p>	<p align="center">GWS Serving More Than 3,300</p> <table border="0" style="width:100%;"> <tr> <td style="width:70%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:30%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /		

Printed Name: SHANE BENSCOTER	Title: FACILITIES	Operator Certification #:
Signature:	Phone #: (541) 925-3262	OR
Date: 2/7/2022	<i>EXT 134</i>	Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.