

**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	_ 2/2022	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	5:25		.78	
2	5:00		.77	
3	6:35		.72	
4	FRI			NO SCHOOL
5	SAT			NO SCHOOL
6	SUN			NO SCHOOL
7	5:50		.67	
8	5:25		.65	
9	5:00		.62	
10	5:20		.58	
11	FRI			
12	SAT			
13	SUN			
14	6:00		.59	
15	5:30		.60	
16	5:30		.67	
17	5:45		.63	
18	FRI			No School
19	SAT			No School
20	SUN			No School
21	MON			Presidents Day
22	5:15		.52	
23	5:00		.49	
24	5:00		.58	
25	5:35		.70	
26	SAT			NO SCHOOL
27	SUN			NOSCHOOL
28	5:00		.76	
29				
30				
31				

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><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 checked="" 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	Operator Certification #:
Signature:	Phone #: (541) 925-3262	OR
Date: 3 / 8 / 2022		Small Groundwater System <input type="checkbox"/>

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**