

**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 **03/2022** 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	5:05		.75	
2	5:15AM		.72	
3	5:15AM		.70	
4	FRI			NO SCHOOL
5	SAT			NO SCHOOL
6	SUN			NO SCHOOL
7	5:45AM		.72	
8	5:15AM		.65	
9	6:00AM		.62	
10	5:50AM		.73	
11	FRI			NO SCHOOL
12	SAT			NO SCHOOL
13	SUN			NO SCHOOL
14	5:00AM		.58	
15	5:30AM		.52	
16	5:25AM		.52	
17	6:00AM		.64	
18	FRI			NO SCHOOL
19	SAT			NO SCHOOL
20	SUN			NO SCHOOL
21	6:15AM		.54	SPRING BREAK BEGINS
22	5:30AM		.60	
23	5:10AM		.63	
24	THUR			DAY OFF
25	FRI			NO SCHOOL
26	SAT			NO SCHOOL
27	SUN			SPRING BREAK ENDS
28	6:30AM		.74	
29	6:00AM		.65	
30	5:45AM		.52	
31	5:25AM		.68	

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>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	Title: FACILITIES	Operator Certification #:
Signature: 	Phone #: (541) 925-3262 EXT 134	OR
Date: 4 / 5 / 22		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.