

**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 **04/2022** 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	FRI			NO SCHOOL
2	SAT			NO SCHOOL
3	SUN			NO SCHOOL
4	6:00		.69	
5	5:45		.70	
6	5:50		.70	
7	5:15		.68	
8	FRI			NO SCHOOL
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	6:15		.65	
12	5:00		.62	
13	5:05		.60	
14	5:15		.58	
15	FRI			NO SCHOOL
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:25		.56	
19	5:30		.54	
20	5:20		.62	
21	5:45		.68	
22	FRI			NO SCHOOL
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL
25	6:15		.75	
26	5:00		.70	
27	5:10		.68	
28	5:15		.59	
29	FRI			NO SCHOOL
30	SAT			NO SCHOOL
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>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> <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 OR
 Date: 5 / 5 / 2022 Small Groundwater System

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.