

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

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 4 1 90886



Month/Year 06/2022

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	5:20		.72	
2	5:00		.70	
3	FRI			NO SCHOOL
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	5:45		.68	
7	5:30		.62	
8	6:15		.57	
9	5:00		.58	
10	FRI			NO SCHOOL
11	SAT			NO SCHOOL
12	SUN			NO SCHOOL
13	5:30		.60	
14	5:30		.68	
15	5:15		.68	
16	5:45		.70	LAST DAY OF STUDENTS
17	FRI			DAY OFF
18	SAT			DAY OFF
19	SUN			DAY OFF
20	6:00		.68	
21	5:20		.64	
22	5:45		.57	
23	5:00		.54	
24	FRI			DAY OFF
25	SAT			DAY OFF
26	SUN			DAY OFF
27	5:00		.58	
28	5:00		.59	
29	5:25		.63	
30	5:45		.69	
31	FRI			DAY OFF

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: <u>Shane Renscooter</u> Signature: <u>[Signature]</u> Date: <u>8/6/2022</u>	Title: <u>Facilitator</u> Phone #: <u>(541) 925-3262</u>	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>
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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.