


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 7/22

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				NO SCHOOL
4	5:15		.75	NO SCHOOL 4 TH OF JULY
5	6:00		.75	
6	5:30		.72	
7	5:00		.70	
8	FRI			NO SCHOOL
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	5:30		.68	
12	5:30		.63	
13	5:00		.65	
14	5:00		.68	
15	FRI			NO SCHOOL
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:05		.59	
19	5:15		.54	
20	5:15		.62	
21	5:30		.68	
22	FRI			NO SCHOOL
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL
25	5:25		.59	
26	5:30		.56	
27	5:15		.58	
28	6:00		.62	
29	FRI			NO SCHOOL
30	SAT			NO SCHOOL
31	SUN			NO SCHOOL

Was the chlorine residual ever less than the required minimum residual of 0.2 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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 <i>Attach those results and submit them with this form.</i>	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 DIRECTOR	Operator Certification #:
Signature: _____	Phone #: (541) 925-3262	OR
Date: 8 / 9 / 2022		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.