

**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 **_ 9/2022**

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	6:00		.70	
2	FRI			
3	SAT			NO SCHOOL
4	SUN			NO SCHOOL
5	MON			NO SCHOOL
6	5:45			LABOR DAY NO SCHOOL
7	5:30		.67	
8	5:30		.58	
9	5:30		.50	
9	FRI			
10	SAT			NO SCHOOL
11	SUN			NO SCHOOL
12	6:00			NO SCHOOL
12	6:00		.66	
13	5:30		.70	
14	5:30		.72	
15	5:00		.77	
16	FRI			
17	SATI			NO SCHOOL
18	SUN			NO SCHOOL
19	5:00			NO SCHOOL
19	5:00		..66	
20	5:00		.62	
21	5:15		.58	
22	5:30		.59	
23	FRI			
24	SAT			NO SCHOOL
25	SUN			NO SCHOOL
26	5:15			NO SCHOOL
26	5:15		.70	
27	5:30		.72	
28	5:30		.79	
29	5:45		.74	
30	FRI			
31	SAT			NO SCHOOL
31	SAT			NO SCHOOL

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.

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No
Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 Date continuous monitoring equipment failed: / /
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Date it was returned to service: / /
Attach grab sample results and submit them with this form.

Printed Name: **SHANE BENSCOTER**

Title: **FACILITES/MAINTENANCE**

Operator Certification #:

Signature:

Phone # **541-521-9315**

OR

Date: **10/03/2022**

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.