

**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 **10/2022**

Entry Point: **South Kitchen Sink**

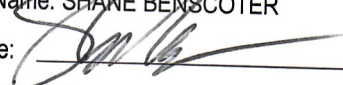
Required Minimum Residual **0.2 mg/L**

Date	Time AM	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	SAT			
2	SUN			NO SCHOOL
3	6:35			NO SCHOOL
4	5:15		.72	
5	5:00		.70	
6	5:00		.69	
7	FRI		.62	
8	SAT			NO SCHOOL
9	SUN			NO SCHOOL
10	5:20			NO SCHOOL
11	5:15		.58	
12	5:15		.59	
13	5:15		.60	
14	5:30		.69	
15	FRI			
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:45			NO SCHOOL
19	5:45		.63	
20	5:30		.63	
21	5:30		.65	
22	5:15		.68	
23	FRI			
24	SAT			NO SCHOOL
25	SUN			NO SCHOOL
26	5:00		.70	NO SCHOOL
27	5:35		.72	
28	5:00		.70	
29	5:30		.69	
30	FRI			NO SCHOOL
31	SAT			NO SCHOOL
	SUN			NO SCHOOL
	5:25		.70	

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: **FACILITIES**  
 Signature:  Phone #: **(541) 925-3262**  
 Date: **11/1/2022**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@state.or.us](mailto:dlwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**