

**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 **11/2022**

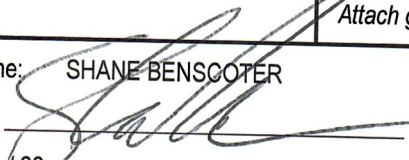
Entry Point: **SOUTH KITCHEN SINK**

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	5:15			
2	5:30			.68
3	5:30			.66
4	FRI			.65
5	SAT			NO SCHOOL
6	SUN			NO SCHOOL
7	5:00			NO SCHOOL
8	5:20			.63
9	5:20			.61
10	5:30			.58
11	FRI			.52
12	SAT			VETERANS DAY NO SCHOOL
13	SUN			NO SCHOOL
14	5:20			NO SCHOOL
15	5:00			.48
16	5:15			.52
17	5:00			.57
18	FRI			.58
19	SAT			NO SCHOOL
20	SUN			NO SCHOOL
21	6:00			NO SCHOOL
22	6:00			.56
23	WED			.54
24	THUR			NO SCHOOL
25	FRI			THANKSGIVING
26	SAT			NO SCHOOL
27	SUN			NO SCHOOL
28	5:20			NO SCHOOL
29	5:30			.50
30	5:45			.51
				.54

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 checked="" 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>

Printed Name: SHANE BENSCOTER	Title: FACILITIES	Operator Certification #:
Signature: 	Phone #: (541) 925-3262	OR
Date: 12/1/22		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.