

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

System Name **TRIANGLE LAKE CHARTER SCHOOL** PWS ID# **4 1 90566** 
 Month/Year **12/2022** 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	5:30			.56
2	FRI			NO SCHOOL
3	SAT			NO SCHOOL
4	SUN			NO SCHOOL
5	5:00			.56
6	5:00			.58
7	5:15			.60
8	5:30			.54
9	FRI			NO SCHOOL
10	SAT			NO SCHOOL
11	SUN			NO SCHOOL
12	5:00			.60
13	5:15			.67
14	5:30			.65
15	5:00			.59
16	FRI			CHRISTMAS BREAK BEGINS
17	SAT			NO SCHOOL
18	SUN			NO SCHOOL
19	6:30			.60
20	5:30			.58
21	5:00			.54
22	5:15			.52
23	FRI			DAY OFF
24	SAT			CHRISTMAS EVE
25	SUN			CHRISTMAS DAY
26	MON			DAY OFF
27	5:30			.58
28	5:30			.60
29	6:00			.63
30	FRI			.68
31	SAT			NEW YEARS EVE

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>
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Printed Name: SHANE BENSCOTER	Title: FACILITIES	Operator Certification #:
Signature: 	Phone #: (541-925-3262)	OR
Date: 1 / 9 / 2023		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.