


**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 1/2023

Entry Point: SOUTH KITCHEN SINK

Required Minimum Residual 0.02 mg/L

Date	Time AM	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	SUN			NO SCHOOL
2	5:30			.72
3	5:40			.77
4	5:30			.75
5	5:30			.70
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	5:30			.68
10	5:45			.67
11	5:45			.65
12	5:30			.67
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	MON			MLK DAY NO SCHOOL
17	6:00			.66
18	5:30			.65
19	5:45			.62
20	5:45			.60
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	5:40			.63
24	5:45			.60
25	5:30			.58
26	6:00			.58
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29	SUN			NO SCHOOL
30	5:45			.65
31	6:00			.67

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

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

*Attach grab sample results and submit them with this form.*

Date continuous monitoring equipment failed:

/ /

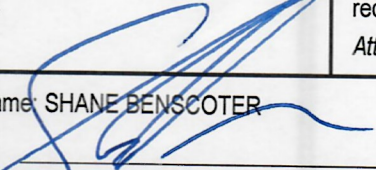
Date it was returned to service:

/ /

Printed Name: SHANE BENSCOTER

Title: FACILITIES

Operator Certification #:

Signature: 

Phone #: (541) 925-3262

OR

Date: 2/2/2023

Small Groundwater System

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