

**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 2/2023

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	5:25		.78	
2	5:00		.77	
3	FRI			
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	5:00		.75	
7	5:50		.67	
8	5:25		.65	
9	5:00		.62	
10	FRI			
11	SAT			NO SCHOOL
12	SUN			NO SCHOOL
13	5:00		.59	
14	6:00		.59	
15	5:30		.60	
16	5:30		.67	
17	FRI			
18	SAT			NO SCHOOL
19	SUN			NO SCHOOL
20	MON			Presidents Day
21	5:30		.55	
22	5:15		.52	
23	5:00		.49	
24	FRI		.	SNOW DAY
25	SAT			
26	SUN			NO SCHOOL
27	5:30		.58	
28	TUE			SNOW DAY
29				
30				
31				

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: 3 / 1 / 2023

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.