

**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		3/2023	Entry Point:	SOUTH KITCHEN SINK
			Required Minimum Residual	0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:30		.59	
2	5:30		.57	
3	FRI			NO SCHOOL
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	5:25		.53	
7	5:30		.56	
8	5:50		.59	
9	5:30		.62	
10	FRI			NO SCHOOL
11	SAT			NO SCHOOL
12	SUN			NO SCHOOL
13	5:45		.68	
14	5:30		.67	
15	5:50		.69	
16	6:00		.70	
17	FRI			NO SCHOOL
18	SAT			NO SCHOOL
19	SUN			NO SCHOOL
20	5:25		.72	
21	5:30		.76	
22	5:40		.76	
23	5:30		.77	
24	FRI			NO SCHOOL
25	SAT			NO SCHOOL
26	SUN			NO SCHOOL
27	6:00		.68	SPRING BREAK NO SCHOOL
28	5:30		.63	SPRING BREAK NO SCHOOL
29	5:50		.60	SPRING BREAK NO SCHOOL
30	6:00		.63	SPRING BREAK NO SCHOOL
31	FRI			SPRING BREAK NO SCHOOL

Was the chlorine residual ever less than the required minimum residual of 0.2 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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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>
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Printed Name: Shane Benscoter	Title: Facilities/Maintenance	Operator Certification #:
Signature:	Phone #: (541) 925-3262	OR
Date: 04 / 03 / 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.