

**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 **04/2023** 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	SAT			NO SCHOOL
2	SUN			NO SCHOOL
3	5:30		.68	
4	5:30		.68	
5	5:00		.65	
6	5:00		.60	
7	FRI			NO SCHOOL
8	SAT			NO SCHOOL
9	SUN			EASTER SUNDAY
10	5:00		.71	
11	5:00		.73	
12	5:15		.70	
13	5:15		.65	
14	FRI			
15	SAT			
16	SUN			
17	5:00		.62	
18	5:30		.65	
19	6:00		.63	
20	5:00		.60	
21	FRI			NO SCHOOL
22	SAT			NO SCHOOL
23	SUN			NO SCHOOL
24	5:45		.59	
25	6:00		.58	
26	5:15		.55	
27	5:00		.56	
28	FRI			NO SCHOOL
29	SAT			NO SCHOOL
30	SUN			NO SCHOOL

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: SHANE BEMSCOTER Signature:  Date: 5 / 1 / 2023	Title: FACILITIES/MAINTENANCE Phone #: (541) 925-2175	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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**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.**