


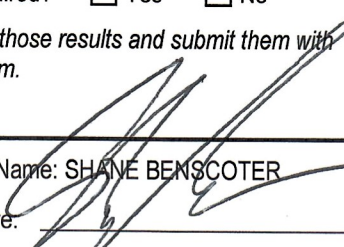
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **TRIANGLE LAKE CHARTER SCHOOL** PWS ID# **4 1 90566** 
 Month/Year **05/2023** 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	5:00		.60	
2	5:00		.66	
3	5:30		.68	
4	5:45		.68	
5	FRI			NO SCHOOL
6	SAT			NO SCHOOL
7	SUN			NO SCHOOL
8	5:00		.70	
9	6:00		.69	
10	5:30		.65	
11	5:30		.65	
12	FRI			NO SCHOOL
13	SAT			NO SCHOOL
14	SUN			NO SCHOOL
15	6:00		.62	
16	5:00		.58	
17	5:00		.56	
18	5:00		.59	
19	FRI			NO SCHOOL
20	SAT			NO SCHOOL
21	SUN			NO SCHOOL
22	6:00		.55	
23	5:30		.60	
24	5:30		.65	
25	6:00		.68	
26	FRI			NO SCHOOL
27	SAT			NO SCHOOL
28	SUN			NO SCHOOL
29	MON			MEMORIAL DAY NO SCHOOL
30	6:00		.57	
31	5:00		.64	

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>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>	<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 MANAGER	Operator Certification #:
Signature: 	Phone #: (925) 2175	OR
Date: 6/5/2023		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.