

**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	07/2023	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	SAT			OFF
2	SUN			OFF
3	6:00		.72	
4	TUE			4 <sup>TH</sup> OF JULY
5	6:00		.74	
6	6:30		.70	
7	FRI			OFF
8	SAT			OFF
9	SUN			OFF
10	5:30		.71	
11	5:30		.68	
12	6:00		.65	
13	6:15		.58	
14	FRI			OFF
15	SAT			OFF
16	SUN			OFF
17	6:00		.56	
18	6:00		.55	
19	6:00		.64	
20	5:30		.60	
21	FRI			OFF
22	SAT			OFF
23	SUN			OFF
24	6:00		.63	
25	6:00		.67	
26	5:30		.70	
27	6:00		.72	
28	FRI			OFF
29	SAT			OFF
30	SUN			OFF
31	6:30		.70	

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 align="center"><b>GWS Serving More Than 3,300</b></p> <table border="0" style="width:100%;"> <tr> <td style="width:60%;">                     Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No                       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   <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:40%;">                     Date continuous monitoring equipment failed:                      / /                       Date it was returned to service:                      / /                 </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No  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  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /
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Printed Name: SHANE BENSCOTER	Title: FACILITIES MANAGER	Operator Certification #:
Signature:	Phone #: (541) 925-2175	OR
Date: 8 / 1 / 2023		Small Groundwater System <input type="checkbox"/>

**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.**