

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

System Name **Triangle Lake Charter School**

PWS ID# **41 90566**



Month/Year **08/2023**

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	5:05		.76	
2	5:15		.74	
3	5:00		.71	
4	FRI			OFF
5	SAT			OFF
6	SUN			OFF
7	5:30		.68	
8	5:30		.65	
9	5:00		.59	
10	5:00		.60	
11	FRI			OFF
12	SAT			OFF
13	SUN			OFF
14	6:00		.58	
15	5:30		.60	
16	5:30		.62	
17	5:30		.62	
18	FRI			OFF
19	SAT			OFF
20	SUN			OFF
21	5:00		.64	
22	5:00		.65	
23	5:15		.68	
24	5:00		.66	
25	FRI			OFF
26	SAT			OFF
27	SUN			OFF
28	5:30		.60	
29	5:00		.68	
30	6:00		.70	
31	5:00		.65	

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 BENSCOTER

Title: FACILITIES MANAGER

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: (541) 925-2175

OR

Date: 09 / 06 / 2023

Small Groundwater System

**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.**