

**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 **09/2023**

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	FRI			NO SCHOOL
2	SAT			NO SCHOOL
3	SUN			NO SCHOOL
4	MON			LABOR DAY NO SCHOOL
5	6:00		.68	
6	6:00		.72	
7	6:00		.70	
8	FRI			NO SCHOOL
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	5:30		.65	
12	5:30		.68	
13	6:00		.70	
14	6:00		.73	
15	FRI			NO SCHOOL
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:30		.67	
19	5:00		.59	
20	5:00		.59	
21	5:30		.56	
22	FRI			NO SCHOOL
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL
25	6:00		.48	
26	5:30		.60	
27	5:30		.65	
28	6:00		.73	
29	FRI			NO SCHOOL
30	SAT			NO SCHOOL
31				

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 Signature: Date: 10/03/2023	Title: FACILITY DIRECTOR Phone #: (541) 925-2175	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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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.