


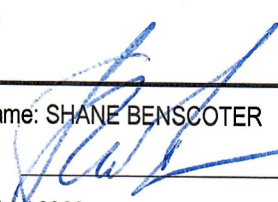
**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name	TRIANGLE LAKE CHARTER SCHOOL	PWS ID#	4 1 90566	
Month/Year	10/2023	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	SUN			NO SCHOOL
2	5:30		.78	
3	5:30		.77	
4	6:00		.68	
5	5:30		.69	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	5:00		.70	COLUMBUS DAY
10	5:00		.66	
11	5:30		.62	
12	5:30		.61	
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	6:00		.57	
17	5:00		.55	
18	6:00		.60	
19	5:30		.63	
20	FRI			NO SCHOOL
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	5:30		.58	
24	5:00		.58	
25	5:00		.55	
26	5:00		.57	
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29	SUN			NO SCHOOL
30	6:00		.62	
31	5:30		.69	FALL FESTIVAL/HALLOWEEN

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: _____ / _____ / _____
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: _____ / _____ / _____		

Printed Name: SHANE BENSCOTER Signature:  Date: 11/1/2023	Title: FACILITY DIRECTOR 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.**