


**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		11/2023		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	6:00		.74			
2	6:00		.70			
3	FRI			NO SCHOOL		
4	SAT			NO SCHOOL		
5	SUN			NO SCHOOL		
6	5:00		.66			
7	5:30		.64			
8	6:00		.68			
9	5:00		.66			
10	FRI			NO SCHOOL		
11	SAT			NO SCHOOL		
12	SUN			NO SCHOOL		
13	5:30		.59			
14	5:30		.58			
15	5:30		.52			
16	6:00		.52			
17	FRI			NO SCHOOL		
18	SAT			NO SCHOOL		
19	SUN			NO SCHOOL		
20	6:00		.57			
21	6:00		.54			
22	6:30		.57			
23	6:30		.63	THANKSGIVING		
24	FRI			NO SCHOOL		
25	SAT			NO SCHOOL		
26	SUN			NO SCHOOL		
27	5:30		.57			
28	6:00		.55			
29	6:00		.56			
30	6:00		.60			
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	Title: FACILITIES/MAINTENANCE	Operator Certification #:
Signature: 	Phone #: (541) 925-2175	OR
Date: 12/6/2023		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dlwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.