

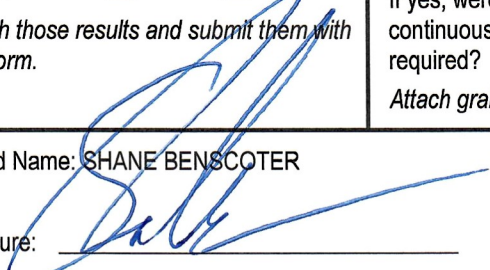
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name **TRIANGLE LAKE CHARTER SCHOOL** 4 1 90566 
 Month/Year **12/2023** 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	5:00		.68	
5	5:30		.67	
6	5:00		.60	
7	6:00		.57	
8	FRI			NO SCHOOL
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	5:00		.55	
12	5:30		.55	
13	6:00		.52	
14	6:00		.50	
15	FRI			NO SCHOOL
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:00		.48	WINTER BREAK
19	5:30		.45	WINTER BREAK
20	5:30		.49	WINTER BREAK
21	5:30		.50	WINTER BREAK
22	FRI			NO SCHOOL
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL CHRISTMAS EVE
25	MON			NO SCHOOL CHRISTMAS DAY
26	6:00		.52	WINTER BREAK
27	6:00		.52	WINTER BREAK
28	6:00		.55	WINTER BREAK
29	FRI			NO SCHOOL
30	SAT			NO SCHOOL
31	SUN			NO SCHOOL NEW YEARS EVE

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: **1/2/2024** Small Groundwater System

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.