


**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 **1/2024** 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	MON			HOLIDAY NO SCHOOL
2	5:30		.56	
3	6:00		.58	
4	6:00		.55	
5	FRI			NO SCHOOL
6	SAT			NO SCHOOL
7	SUN			NO SCHOOL
8	5:30		.58	
9	5:30		.60	
10	5:30		.63	
11	6:00		.60	
12	FRI			NO SCOOOL
13	SAT			NO SCHOOL
14	SUN			NO SCHOOL
15	MON			HOLIDAY/ICE STORM NO SCHOOL
16	TUE			ICE STORM NO SCHOOL
17	WED			ICE STORM NO SCHOOL
18	THUR			ICE STORM NO SCHOOL
19	FRI			NO SCHOOL
20	SAT			NO SCHOOL
21	SUN			NO SCHOOL
22	5:00		.65	
23	6:00		.58	
24	6:00		.58	
25	6:00		.54	
26	FRI			NO SCHOOL
27	SAT			NO SCHOOL
28	SUN			NO SCHOOL
29	6:00		.53	
30	6:00		.51	
31	6:00		.55	

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 checked="" 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>	

Printed Name: SHANE BENSCOTER Signature:  Date: 2/17/2024	Title: FACILITIES/MAINTENANCE 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.