

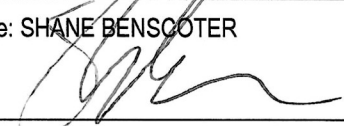
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name	TRIANGLE LAKE CHARTER SCHOOL	PWS ID#	4 1 90566	
Month/Year	2/2024	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		.56	
2	FRI			NO SCHOOL
3	SAT			NO SCHOOL
4	SUN			NO SCHOOL
5	5:30		.61	
6	5:30		.63	
7	5:00		.60	
8	5:30		.57	
9	FRI			NO SCHOOL
10	SAT			NO SCHOOL
11	SUN			NO SCHOOL
12	5:00		.57	
13	5:30		.55	
14	5:00		.54	
15	5:30		.50	
16	FRI			NO SCHOOL
17	SAT			NO SCHOOL
18	SUN			NO SCHOOL
19	MON			NO SCHOOL HOLIDAY
20	6:00		.52	
21	5:30		.55	
22	5:00		.55	
23	5:30		.58	
24	SAT			NO SCHOOL
25	SUN			NO SCHOOL
26	6:00		.62	
27	5:30		.63	
28	5:30		.67	
29	5:30		.65	
30	FRI			NO SCHOOL
31	SAT			NO SCHOOL

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 BENSCHOTER Signature:  Date: 3 / 6 / 2024	Title: FACILITES/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.