

**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 **03/2024**

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	FRI			
2	SAT			NO SCHOOL
3	SUN			NO SCHOOL
4	5:30		.70	NO SCHOOL
5	5:30		.68	
6	5:00		.68	
7	6:00		.63	
8	FRI			
9	SAT			NO SCHOOL
10	SUN			NO SCHOOL
11	5:30		.60	DAYLIGHT SAVINGS TIME
12	5:30		.57	
13	5:30		.58	
14	6:00		.55	
15	FRI			
16	SAT			NO SCHOOL
17	SUN			NO SCHOOL
18	5:30		.54	ST PATRICKS DAY
19	5:30		.57	
20	6:00		.55	
21	6:00		.60	
22	FRI			
23	SAT			NO SCHOOL
24	SUN			NO SCHOOL
25	5:30		.63	NO SCHOOL
26	5:30		.59	SPRING BREAK
27	6:00		.58	SPRING BREAK
28	6:00		.54	SPRING BREAK
29	FRI			SPRING BREAK
30	SAT			NO SCHOOL
31	SUN			NO SCHOOL
				EASTER

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><b>GWS Serving More Than 3,300</b></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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<p>Printed Name: <b>SHANE BENSCOTE</b></p> <p>Signature: </p> <p>Date: <b>04/02/2024</b></p>	<p>Title: <b>FACILITES/MAINTENANCE</b></p> <p>Phone #: <b>(541) 925-2175</b></p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.**