


**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		04/2024		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		.58			
2	5:30		.59			
3	5:30		.60			
4	5:30		.64			
5	FRI		.67	NO SCHOOL		
6	SAT			NO SCHOOL		
7	SUN			NO SCHOOL		
8	6:00		.65			
9	5:30		.64			
10	5:30		.59			
11	6:00		.57			
12	FRI			NO SCHOOL		
13	SAT			NO SCHOOL		
14	SUN			NO SCHOOL		
15	6:00		.62			
16	6:00		.61			
17	6:00		.57			
18	5:30		.54			
19	FRI			NO SCHOOL		
20	SAT			NO SCHOOL		
21	SUN			NO SCHOOL		
22	6:00		.52			
23	5:30		.54			
24	5:30		.58			
25	5:30		.55			
26	FRI			NO SCHOOL		
27	SAT			NO SCHOOL		
28	SUN			NO SCHOOL		
29	5:30		.60			
30	5:30		.57			
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 align="center">GWS Serving More Than 3,300</p> <table border="0"> <tr> <td style="width: 60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width: 40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: SHANE BENSCOTER Signature:  Date: 05 / 06 / 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.