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 05/2024 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	5:30		.58	
2	6:00		.60	
3	FRI			NO SCHOOL
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	5:30		.60	
7	6:00		.63	
8	6:00		.62	
9	6:00		.67	
10	FRI			NO SCHOOL
11	SAT			NO SCHOOL
12	SUN			MOTHER'S DAY / NO SCHOOL
13	6:00		.72	
14	5:30		.75	
15	6:00		.69	
16	6:00		.68	
17	FRI			NO SCHOOL
18	SAT			NO SCHOOL
19	SUN			NO SCHOOL
20	6:00		.68	
21	5:30		.63	
22	5:30		.64	
23	5:30		.60	
24	FRI			NO SCHOOL
25	SAT			NO SCHOOL
26	SUN			NO SCHOOL
27	MON			MEMORIAL DAY / NO SCHOOLL
28	6:00		.57	
29	6:00		.62	
30	6:00		.59	
31	6:00		.58	FRIDAY SCHOOL DAY

Was the chlorine residual ever less than the required minimum residual of 0.2 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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: SHANE BENSCOTER Title: FACILITIES/MAINTENANCE

Signature: _____ Phone #: (541) 925-2175

Date: 06 / 03 / 2024

Operator Certification #:

OR

Small Groundwater System ☐