
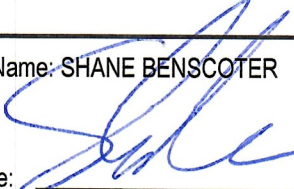


**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

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.

<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 align="center"><b>GWS Serving More Than 3,300</b></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: 06 / 03 / 2024	Title: FACILITIES/MAINTENANCE  Phone #: (541) 925-2175	Operator Certification #:  OR Small Groundwater System <input type="checkbox"/>
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