


**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		06/2024		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	SAT					NO SCHOOL
2	SUN					NO SCHOOL
3	6:00			.59		
4	6:00			.58		
5	6:00			.50		
6	6:30			.52		
7	FRI					NO SCHOOL
8	SAT					NO SCHOOL
9	SUN					NO SCHOOL
10	6:00			.58		
11	6:00			.54		
12	6:00			.50		
13	6:00			.54		
14	FRI					NO SCHOOL
15	SAT					NO SCHOOL
16	SUN					NO SCHOOL
17	6:30			.58		
18	6:00			.60		
19	WED					JUNETEENTH NO SCHOOL
20	6:30			.62		
21	FRI					NO SCHOOL
22	SAT					NO SCHOOL
23	SUN					NO SCHOOL
24	6:00			.62		
25	6:00			.64		
26	6:30			.60		
27	6:00			.59		
28	FRI					NO SCHOOL
29	SAT					NO SCHOOL
30	SUN					NO SCHOOL
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>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 BENSCOTER Signature:  Date: 07 / 02 / 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.