

**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 07/2024

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		.60	
2	6:00		.63	
3	6:00		.68	
4	4TH			INDEPENDENCE DAY NO WORK
5	FRI			NO WORK
6	SAT			NO WORK
7	SUN			NO WORK
8	6:30		.67	
9	6:00		.62	
10	6:00		.59	
11	6:00		.59	
12	FRI			NO WORK
13	SAT			NO WORK
14	SUN			NO WORK
15	7:30		.57	
16	6:00		.52	
17	6:00		.49	
18	6:00		.52	
19	FRI			NO WORK
20	SAT			NO WORK
21	SUN			NO WORK
22	6:30		.55	
23	6:30		.56	
24	6:00		.57	
25	6:00		.59	
26	FRI			NO WORK
27	SAT			NO WORK
28	SUN			NO WORK
29	6:30		.60	
30	6:00		.64	
31	6:00		.63	

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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<p>Printed Name: SHANE BENSCOTER</p> <p>Signature: </p> <p>Date: 08 / 01 / 2024</p>	<p>Title: FACILITIES/MAINTENANCE</p> <p>Phone #: (541) 925-2175</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.