

**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 **08/2024** Entry Point: **SOUTH KITCHEN SINK** Required Minimum Residual **0.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:00		.72	
2	FRI			NO WORK
3	SAT			NO WORK
4	SUN			NO WORK
5	6:00		.74	
6	6:00		.72	
7	6:30		.65	
8	6:00		.70	
9	FRI			NO WORK
10	SAT			NO WORK
11	SUN			NO WORK
12	6:30		.67	
13	6:30		.69	
14	6:00		.65	
15	6:00		.62	
16	FRI			NO WORK
17	SAT			NO WORK
18	SUN			NO WORK
19	6:30		.60	
20	6:00		.58	
21	6:00		.54	
22	6:00		.56	
23	FRI			NO WORK
24	SAT			NO WORK
25	SUN			NO WORK
26	6:00		.60	
27	6:00		.59	
28	6:30		.63	
29	6:00		.67	
30	FRI			NO WORK
31	SAT			NO WORK

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><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><b>GWS Serving More Than 3,300</b></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: 9/3/2024	Title: FACILITIES/MAINENANCE Phone #: (541) 925-2175	Operator Certification #:  OR Small Groundwater System <input type="checkbox"/>
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**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**