

**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 **09/2024**

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	SUN			NO SCHOOL
2	6:00		.70	
3	6:00		.68	
4	6:00		.67	
5	6:00		.65	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	6:00		.62	
10	5:30		.60	
11	5:30		.54	
12	6:00		.56	
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	5:30		.55	
17	6:00		.59	
18	6:00		.60	
19	6:00		.65	
20	FRI			NO SCHOOL
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	5:30		.69	
24	6:00		.71	
25	5:30		.65	
26	5:30		.61	
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29	SUN			NO SCHOOL
30	6:00		.59	
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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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<p>Printed Name: SHANE BENSCOTER</p> <p>Signature: </p> <p>Date: 9/30 / 2024</p>	<p>Title: FACILITIES/MAINTENANCE</p> <p>Phone #: (541) 925-2175</p>	<p>Operator Certification #:</p> <p align="center">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.