


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

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 41 90566 

Month/Year 10/2024


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		.50	
2	6:00		.52	
3	6:00		.53	
4	FRI			NO SCHOOL
5	SAT			NO SCHOOL
6	SUN			NO SCHOOL
7	6:00		.56	
8	5:30		.58	
9	5:30		.63	
10	6:00		.65	
11	FRI			NO SCHOOL
12	SAT			NO SCHOOL
13	SUN			NO SCHOOL
14	5:30		.54	
15	5:30		.52	
16	5:30		.56	
17	6:00		.63	
18	FRI			NO SCHOOL
19	SAT			NO SCHOOL
20	SUN			NO SCHOOL
21	6:00		.62	
22	6:00		.65	
23	6:00		.68	
24	6:00		.62	
25	FRI			NO SCHOOL
26	SAT			NO SCHOOL
27	SUN			NO SCHOOL
28	6:00		.59	
29	5:30		.58	
30	5:30		.55	
31	5:30		.56	HALLOWEEN

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: 11 / 04 / 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.