

**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 03 /2025	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	5:30		.65	
4	5:30		.62	
5	5:30		.60	
6	5:30		.57	
7	FRI			NO SCHOOL
8	SAT			NO SCHOOL
9	SUN			NO SCHOOL
10	5:30		.52	
11	5:30		.59	
12	5:30		.60	
13	5:30		.63	
14	FRI			NO SCHOOL
15	SAT			NO SCHOOL
16	SUN			NO SCHOOL
17	5:30		.50	
18	5:30		.63	
19	5:30		.61	
20	5:30		.67	
21	FRI			NO SCHOOL
22	SAT			NO SCHOOL
23	SUN			NO SCHOOL
24	5:30		.62	SPRING BREAK
25	5:30		.63	SPRING BREAK
26	5:30		.60	SPRING BREAK
27	5:30		.57	SPRING BREAK
28	FRI			NO SCHOOL
29	SAT			NO SCHOOL
30	SUN			NO SCHOOL
31	5:30		.55	

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>
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<p>Printed Name: SHANE BENSCOTER</p> <p>Signature: </p> <p>Date: 4/3/2025</p>	<p>Title: MAINTENANCE/FACILITIES</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.