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

System Name TRIANGLE LAKE CHARTER SCHOOL F					PV	VSID# 41 9	0566 📮
Month	/Year 0	4/2025 Entry Po	int: SOUTH	KITCHEN SINK	Red	quired Minimum	Residual 0.2 mg/L
Date	Time	Source(s) i	n use	Lowest free chlor residual at entry po distribution system	oint to		Notes
1	5:30			.57			
2	5:30			.59			
3	5:30			.58	,		
4	FRI					NO SCHOO	L
5	SAT					NO SCHOO	L
6	SUN					NO SCHOO	L
7	5:30		·	.57			
8	5:30			.60			
9	5:30		·	.61			
10	5:30			.64			· · · · · · · · · · · · · · · · · · ·
11	FRI			101		NO SCHOO	<u> </u>
12	SAT					NO SCHOO	
13	SUN					NO SCHOO	
14	5:30			.52		NO SCHOO	<u>L</u>
15	5:30			.57			
16	5:30						
17	5:30			.60			
18	FRI			.62			
						NO SCHOO	
19	SAT					NO SCHOO	
20	SUN					NO SCHOO	
21	5:30			.59			
22	5:30			.61			
23	5:30			.58			
24	5:30			.55			
25	FRI					NO SCHOO	L
26	SAT					NO SCHOO	
27	SUN					NO SCHOO	
28	5:30			.52			
29	5:30			.55			
30	5:30			.60			
31							
If yes, v notified	what was the by end of n	sidual ever less than the longest time period unt ext business day.				☐ Yes ☑ No s – <u>If > 4 hours, D</u>	rinking Water Program to be
GW:	S Serving	3,300 or Fewer	GWS Serving More Than 3,300				
If yes, did you monitor every four hours until the residual returned to mg/L as required?			Did continuous monitoring equipment fail at a reporting month? Yes No				Date continuous monitoring equipment failed:
Attach those results and submit them with this form.			If yes, were grab samples collected every for continuous monitoring equipment was returned required?				/ / Date it was returned to service:
	$-\!\!\!\!/$		Attach grab sample results and submit them			with this form.	1 1
Printed Name: SHANE BENSCOTER			Title: MAINTENANCE/FACILITIES			Operator Certification #:	
Signatur	e. /	H	Phone #: (541) 925-3262		OR		
	/ 5 / 2025		1 Hollo #: (041) 020-0202				
valt. 0.	1012020		ļ.			Small Groundwater System	