

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 06/2025

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	SUN			NO SCHOOL
2	5:30		.75	
3	5:30		.74	
4	5:30		.71	
5	5:30		.68	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL GRADUATION DAY
8	SUN			NO SCHOOL
9	5:30		.70	
10	5:30		.70	
11	5:30		.69	
12	5:30			LAST DAY OF SCHOOL
13	FRI			DAY OFF
14	SAT			DAY OFF
15	SUN			DAY OFF
16	5:30		.68	
17	5:30		.65	
18	5:30		.65	
19	THUR			HOLIDAY
20	FRI			DAY OFF SUMMER BEGINS
21	SAT			DAY OFF
22	SUN			DAY OFF
23	5:30		.62	
24	5:30		.65	
25	5:30		.70	
26	THUR			VACATION DAY OFF
27	FRI			OFF
28	SAT			OFF
29	SUN			OFF
30	MON			VACATION DAY OFF
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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: SHANE BENSCOTER

Title: FACILITIES AND
MAINTENANCE DIRECTOR

Operator Certification #:

Signature:

Phone #: (541) 925-3262

OR

Date: 07 / 01 / 2025

Small Groundwater System ☐

Return by 10th of following month by either email dwpmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.