

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 07/2025

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	6:00		.64	
2	6:00		.65	
3	5:30		.68	
4	FRI			HOLIDAY
5	SAT			DAY OFF
6	SUN			DAY OFF
7	5:30		.66	
8	5:30		.64	
9	5:30		.67	
10	5:30		.70	
11	FRI			DAY OFF
12	SAT			DAY OFF
13	SUN			DAY OFF
14	6:00			KITS PROGRAM STARTS
15	6:00		.64	
16	6:00		.60	
17	5:30		.57	
18	FRI			NO SCHOOL
19	SAT			NO SCHOOL
20	SUN			NO SCHOOL
21	5:30		.54	
22	5:30		.58	
23	5:30		.60	
24	5:30		.59	
25	FRI			NO SCHOOL
26	SAT			NO SCHOOL
27	SUN			NO SCHOOL
28	5:30		.60	
29	5:30		.60	
30	5:30		.64	
31	5:30		.67	

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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:

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Printed Name: SHANE BENSCOTER

Title:
FACILITIES/MAINTENANCE
DIRECTOR

Phone #: (541) 925-3262

Operator Certification #:

OR

Small Groundwater System ☐

Signature:

Date: 08 / 04 / 2025