

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

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 41 90556

Month/Year 09/2025

Entry Point: SOUTH KITCHEN SINK

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:00		.54	
2	6:00		.54	
3	6:00		.49	
4	6:00		.52	
5	FRI			NO SCHOOL
6	SAT			NO SCHOOL
7	SUN			NO SCHOOL
8	6:00		.54	
9	6:00		.57	
10	6:00		.60	
11	6:00		.62	
12	FRI			NO SCHOOL
13	SAT			NO SCHOOL
14	SUN			NO SCHOOL
15	6:00		.64	
16	6:00		.63	
17	6:00		.57	
18	6:00		.55	
19	FRI			NO SCHOOL
20	SAT			NO SCHOOL
21	SUN			NO SCHOOL
22	6:00		.51	
23	6:00		.53	
24	6:00		.58	
25	6:00		.60	
26	FRI			NO SCHOOL
27	SAT			NO SCHOOL
28	SUN			NO SCHOOL
29	6:00		.62	
30	6:00		.59	
31			.61	

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:

/ /

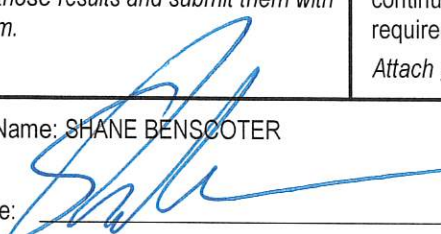
Date it was returned to service:

/ /

Printed Name: SHANE BENSOTER

Title: FACILITIES
/MAINTENANCE DIRECTOR

Operator Certification #:

Signature: 

Phone #: (925) 3262

OR

Date: 10/06/2025

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.