State of Oregon Drinking Water Program

**Monthly Disinfection Report for Ground Water Systems**

System Name TRIANGLE LAKE CHARTER SCHOOL PWS ID# 4 1 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 BENSCOTER Title: FACILITIES /MAINTENANCE DIRECTOR

Signature: _____ Phone #: (925) 3262

Date: 10 / 06 / 2025

Operator Certification #:

OR

Small Groundwater System ☐

***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.***