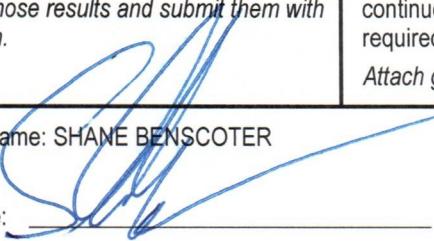
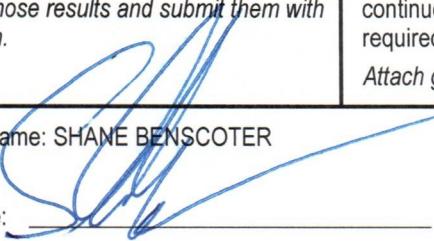


**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name TRIANGLE LAKE CHARTER SCHOOL			PWS ID# 90556	
Month/Year 10/2025		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		.60	
2	6:00		.57	
3	FRI			NO SCHOOL
4	SAT			NO SCHOOL
5	SUN			NO SCHOOL
6	6:00		.58	
7	6:00		.54	
8	6:00		.55	
9	6:00		.56	
10	FRI			NO SCHOOL
11	SAT			NO SCHOOL
12	SUN			NO SCHOOL
13	6:00		.52	
14	6:00		.50	
15	6:00		.55	
16	6:00		.59	
17	FRI			NO SCHOOL
18	SAT			NO SCHOOL
19	SUN			NO SCHOOL
20	6:00		.58	
21	6:00		.60	
22	6:00		.65	
23	6:00		.61	
24	FRI			NO SCHOOL
25	SAT			NO SCHOOL
26	SUN			NO SCHOOL
27	6:00		.58	
28	6:00		.60	
29	6:00		.55	
30	6:00		.52	
31	FRI			HOLLOWEEN
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach those results and submit them with this form.</i> 		GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach grab sample results and submit them with this form.</i>		Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: SHANE BENSCOTER		Title: MAINTENANCE/FACILITIES		Operator Certification #:
Signature: 		Phone #: (541) 925-3262		OR
Date: 11 / 03 / 2025		Small Groundwater System <input type="checkbox"/>		

*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.*