

**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 **11/2025**

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	SAT			
2	SUN			NO SCHOOL
3	6:00			NO SCHOOL
4	6:00		.55	
5	6:00		.55	
6	6:00		.58	
7	6:00		.60	
7	FRI			
8	SAT			NO SCHOOL
9	SUN			NO SCHOOL
10	6:00			NO SCHOOL
11	6:00		.50	
12	6:00		.54	VETERANS DAY
13	6:00		.58	
14	6:00		.61	
14	FRI			
15	SAT			NO SCHOOL
16	SUN			NO SCHOOL
17	6:00			NO SCHOOL
18	6:00		.60	
19	6:00		.63	
20	6:00		.63	
21	6:00		.68	
21	FRI			
22	SAT			NO SCHOOL
23	SUN			NO SCHOOL
24	MON			NO SCHOOL
25	TUE			NO SCHOOL
26	WED			NO SCHOOL
27	THUR			NO SCHOOL
28	FRI			THANKSGIVING
29	SAT			NO SCHOOL
30	SUN			NO SCHOOL
31				NO SCHOOL

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ mg/L?  
If yes, what was the longest time period until the required level was restored?  
notified by end of next business day.

☐ Yes ☒ No

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:

/ /

Printed Name: **SHANE BENSCOTER**

Title:  
**FACILITIES/MAINTENANCE**

Operator Certification #:

Signature: \_\_\_\_\_

Phone #: (541) 925-3262

OR

Date: **12/1/2025**

Small Groundwater System ☐

**Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@state.or.us](mailto:dlwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**