

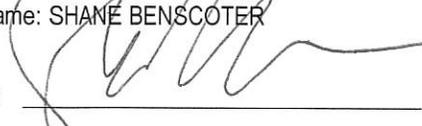
State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name **TRIANGLE LAKE CHARTER SCHOOL** PWS ID# **4 1 90556**  
 Month/Year **12/2025** 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			.55
4	6:00			.57
5	FRI			NO SCHOOL
6	SAT			NO SCHOOL
7	SUN			NO SCHOOL
8	6:00			.60
9	6:00			.59
10	6:00			.63
11	6:00			.64
12	FRI			NO SCHOOL
13	SAT			NO SCHOOL
14	SUN			NO SCHOOL
15	6:00			.65
16	6:00			.69
17	6:00			.66
18	6:00			.64
19	FRI			NO SCHOOL
20	SAT			NO SCHOOL
21	SUN			NO SCHOOL
22	6:00			.58
23	6:00			.54
24	WED			CHRISTMAS EVE
25	THUR			CHRISTMAS DAY
26	FRI			NO SCHOOL
27	SAT			NO SCHOOL
28	SUN			NO SCHOOL
29	6:00			.58
30	6:00			.56
31	WED			NEW YEARS EVE

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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: SHANE BENSCOTER Signature:  Date: 1 / 6 / 2026	Title: FACILITIES/MAINTENANCE Phone #: (541) 925-3262	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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**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.**