

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

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 4 1 90566



Month/Year 1/2026

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	THUR			NEW YEARS DAY NO SCHOOL
2	FRI			NO SCHOOL
3	SAT			NO SCHOOL
4	SUN			NO SCHOOL
5	6:00		.52	
6	6:00		.57	
7	6:00		.58	
8	6:00		.54	
9	FRI			NO SCHOOL
10	SAT			NO SCHOOL
11	SUN			NO SCHOOL
12	6:00		.58	
13	6:00		.60	
14	6:00		.64	
15	6:00		.67	
16	FRI			NO SCHOOL
17	SAT			NO SCHOOL
18	SUN			NO SCHOOL
19	MON			MARTIN LUTHER KING NO SCHOOL
20	6:00		.65	
21	6:00		.59	
22	6:00		.54	
23	6:00		.58	
24	SAT			NO SCHOOL
25	SUN			NO SCHOOL
26	6:00		.60	
27	6:00		.57	
28	6:00		.57	
29	6:00		.62	
30	FRI			NO SCHOOL
31	SAT			NO SCHOOL

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: FACILITES/MAINTENANCE

Operator Certification #:

Signature:

Phone #: (541) 925-3262

OR

Date: 2 / 2 / 2026

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.