

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 3/2026

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			
2	6:00		.62	
3	6:00		.59	
4	6:00		.60	
5	6:00		.58	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	6:00		.58	
10	6:00		.55	
11	6:00		.54	
12	6:00		.60	
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	6:00		.52	
17	6:00		.51	
18	6:00		.54	
19	6:00		.58	
20	FRI			NO SCHOOL
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	6:00		.54	SPRING BREAK
24	6:00		.56	SPRING BREAK
25	6:00		.58	SPRING BREAK
26	6:00		.62	SPRING BREAK
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29	SUN			NO SCHOOL
30	6:00		.57	
31	6:00		.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.

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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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<p>Printed Name: SHANE BENSCOTER</p> <p>Signature: </p> <p>Date: 4/1/2026</p>	<p>Title: FACILITES/MAINTENANCE</p> <p>Phone #: (541) 925-3262</p>	<p>Operator Certification #: _____</p> <p style="text-align: center;">OR</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.