

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

**System Name:** Bella Casa Mobile Home Park **PWS ID#** 41 - 01005

**Month/Year:** August 2023 **Entry Point:** Kitchen Sink in Rec Rm **Required Minimum Residual:** 0.60 mg/L

Date	Time	Source(s) in Use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:00:00 PM	WELL (L15434)	1.00	
2	10:00:00 AM	WELL (L15434)	0.97	
3	10:00:00 AM	WELL (L15434)	0.85	
4	10:00:00 AM	WELL (L15434)	0.86	
5	6:00:00 AM	WELL (L15434)	0.85	
6	2:00:00 PM	WELL (L15434)	0.82	
7	10:00:00 AM	WELL (L15434)	0.78	
8	6:00:00 AM	WELL (L15434)	1.19	
9	6:00:00 PM	WELL (L15434)	1.04	
10	6:00:00 PM	WELL (L15434)	0.89	
11	6:00:00 PM	WELL (L15434)	0.85	
12	6:00:00 PM	WELL (L15434)	0.79	
13	10:00:00 AM	WELL (L15434)	0.67	
14	10:00:00 AM	WELL (L15434)	0.67	
15	6:00:00 AM	WELL (L15434)	1.22	
16	2:00:00 PM	WELL (L15434)	1.30	
17	2:00:00 PM	WELL (L15434)	1.21	
18	6:00:00 AM	WELL (L15434)	1.19	
19	6:00:00 AM	WELL (L15434)	0.70	
20	6:00:00 PM	WELL (L15434)	0.75	
21	10:00:00 AM	WELL (L15434)	0.65	
22	10:00:00 AM	WELL (L15434)	1.14	
23	2:00:00 PM	WELL (L15434)	0.98	
24	6:00:00 AM	WELL (L15434)	0.82	
25	6:00:00 AM	WELL (L15434)	0.80	
26	6:00:00 AM	WELL (L15434)	0.85	
27	10:00:00 AM	WELL (L15434)	0.76	
28	2:00:00 PM	WELL (L15434)	0.72	
29	2:00:00 PM	WELL (L15434)	0.65	
30	6:00:00 PM	WELL (L15434)	1.10	
31	2:00:00 PM	WELL (L15434)	1.10	

Was the chlorine residual ever less than the required minimum residual of **.60 mg/L**  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours

<p style="text-align: center;"><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <b>.60 mg/L</b>?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;"><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? <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><b>Printed Name:</b> Dan Reitz</p> <p><b>Signature:</b> </p> <p><b>Date:</b> 9/1/2023</p>	<p><b>Title:</b> Vice President</p> <p>Oregon Water Services, Inc.</p> <p><b>Phone#:</b> (541) 342-1718</p>	<p><b>Operator Certification #:</b> D:6528, T:6528</p> <p>OR</p> <p>Small Ground Water System</p>
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