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

| System Name: Bella Cas | | Bella Casa Mobile Hor | ne Park | PWS ID# 41 - 01005 | |
|---|---------------------------|-----------------------|---|--------------------------------------|--|
| Month/Year: | | May 2022 | 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) | N | lotes |
| 1 | 2:00:00 PM | WELL (L15434) | 0.90 | | |
| 2 | 10:00:00 AM | WELL (L15434) | 0.90 | | |
| 3 | 10:00:00 AM | | 1.09 | | |
| 4 | 10:00:00 AM | ` , | 0.97 | | |
| 5 | 6:00:00 AM | | 1.11 | | |
| 6 | 2:00:00 PM | , | 0.95 | | |
| 7 | 10:00:00 AM | ` , | 0.95 | | |
| 8 | 6:00:00 AM | ` ' | 0.88 | | |
| 9 | 6:00:00 PM | , | 0.85 | | |
| 10 | 6:00:00 PM | \ / | 1.40 | | |
| 11 | 6:00:00 PM | ` , | 0.94 | | |
| 12 | 6:00:00 PM | | 0.81 | | |
| 13 | 10:00:00 AM | | 0.75 | | |
| 14 | 10:00:00 AM | , | 0.65 | | |
| 15 | 6:00:00 AM | , | 0.65 | | |
| 16 | 2:00:00 PM | , | 0.74 | | |
| 17 | 2:00:00 PM | | 0.69 | | |
| 18 | 6:00:00 AM | ` ' | 0.72 | | |
| 19 | 6:00:00 AM | ` ' | 0.76 | | |
| 20 | 6:00:00 PM | ` ' | 0.76 | | |
| 21 22 | 10:00:00 AM | ` ' | 0.73 0.67 | | |
| 23 | 10:00:00 AM 2:00:00 PM | ` | 0.76 | | |
| 24 | 6:00:00 AM | , , | 0.76 | | |
| 25 | 6:00:00 AM | , , | 0.98 | | |
| 26 | 6:00:00 AM | , , | 0.96 | | |
| 27 | 10:00:00 AM | ` ' | 0.89 | | |
| 28 | 2:00:00 PM | ` ' | 0.89 | | |
| 29 | 2:00:00 PM | \ / | 0.87 | | |
| 30 | 6:00:00 PM | , , | 0.91 | | |
| 29 | 2:00:00 PM | \ / | 0.86 | | |
| Was the chlorine residual ever less than the required minimum residual of .60 mg/L YesX_ No If yes, what was the longest time period until the required level was restored? hours | | | | | |
| GWS Serving 3,300 or Fewer GWS Serving More Than 3,300 | | | | | |
| | OVVO OCI VIII, | g 5,500 or 1 cwci | CWO Serving in S | 710 Than 3,300 | |
| If yes, did you monitor every four hours until the residual returned to .60 mg/L? | | | Did continuous monitoring equipment fail at any time this reporting month?YesNo | | Date continuous monitoring equipment failed: |
| Attach those results and submit them with this form. | | | YesNo service: | | Date it was returned to service: |
| | | | Attach grab sample results and s | ubmit them with this form. | / / |
| Printe | d Name: | Dan Reitz | Title: Vice President | | |
| Signature | | | Oregon Water Services, Inc. Phone#: (541) 342-1718 | Operator Certification | #: D:6528, T:6528 OR |
| Date: 6/6/2022 | | | | Small Ground Water System | |