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

System Name: Bella Casa Mobile Hor			me Park PWS ID# 41 - 01005		
Month/Year:		November 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)	1.28		
2	10:00:00 AM	(,	0.90		
3	10:00:00 AM		0.72		
4	10:00:00 AM	` '	1.05		
5	6:00:00 AM		0.99		
6	2:00:00 PM	` '	0.88		
7	10:00:00 AM	` '	0.74		
8	6:00:00 AM	` '	1.19		
9	6:00:00 PM	,	1.00		
10	6:00:00 PM	\ /	0.80		
11	6:00:00 PM	` '	0.68		
12	6:00:00 PM		0.65		
13	10:00:00 AM		0.61		
14	10:00:00 AM	,	0.63		
15	6:00:00 AM	,	0.92		
16	2:00:00 PM	,	0.84		
17	2:00:00 PM		0.76		
18	6:00:00 AM	` '	0.73		
19	6:00:00 AM	` '	0.70		
20	6:00:00 PM	` '	0.69		
21 22	10:00:00 AM	` '	0.66 0.87		
23	10:00:00 AM 2:00:00 PM	`	0.95		
24	6:00:00 AM	, ,	0.95		
25	6:00:00 AM	, ,	0.89		
26	6:00:00 AM	, ,	0.84		
27	10:00:00 AM	` '	0.90		
28	2:00:00 PM	` '	0.89		
29	2:00:00 PM	,	0.71		
30	6:00:00 PM	(/	0.68		
31	2:00:00 PM	\ /	0.00		
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 Servin	g 3,300 or Fewer	GWS Serving Mo	re Than 3.300	1
		3 -,			
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:
		D D ''	Attach grab sample results and s	upmit 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: 12/6/2022				Small Ground Water System	