

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

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|---------------------|-----------------------------|------------------------|---|
| System Name: | Bella Casa Mobile Home Park | PWS ID# | 41 - 01005 |
| Month/Year: | May 2024 | Entry Point: | Required Minimum Residual: 0.60 mg/L |
| | | Kitchen Sink in Rec Rm | |

| 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) | 0.80 | |
| 2 | 10:00:00 AM | WELL (L15434) | 0.76 | |
| 3 | 10:00:00 AM | WELL (L15434) | 0.73 | |
| 4 | 10:00:00 AM | WELL (L15434) | 0.75 | |
| 5 | 6:00:00 AM | WELL (L15434) | 0.75 | |
| 6 | 2:00:00 PM | WELL (L15434) | 0.73 | |
| 7 | 10:00:00 AM | WELL (L15434) | 0.74 | |
| 8 | 6:00:00 AM | WELL (L15434) | 0.77 | |
| 9 | 6:00:00 PM | WELL (L15434) | 0.78 | |
| 10 | 6:00:00 PM | WELL (L15434) | 0.76 | |
| 11 | 6:00:00 PM | WELL (L15434) | 0.75 | |
| 12 | 6:00:00 PM | WELL (L15434) | 0.89 | |
| 13 | 10:00:00 AM | WELL (L15434) | 1.06 | |
| 14 | 10:00:00 AM | WELL (L15434) | 0.91 | |
| 15 | 6:00:00 AM | WELL (L15434) | 0.92 | |
| 16 | 2:00:00 PM | WELL (L15434) | 0.90 | |
| 17 | 2:00:00 PM | WELL (L15434) | 0.88 | |
| 18 | 6:00:00 AM | WELL (L15434) | 0.85 | |
| 19 | 6:00:00 AM | WELL (L15434) | 0.81 | |
| 20 | 6:00:00 PM | WELL (L15434) | 0.79 | |
| 21 | 10:00:00 AM | WELL (L15434) | 0.83 | |
| 22 | 10:00:00 AM | WELL (L15434) | 0.85 | |
| 23 | 2:00:00 PM | WELL (L15434) | 0.81 | |
| 24 | 6:00:00 AM | WELL (L15434) | 0.76 | |
| 25 | 6:00:00 AM | WELL (L15434) | 0.84 | |
| 26 | 6:00:00 AM | WELL (L15434) | 0.82 | |
| 27 | 10:00:00 AM | WELL (L15434) | 0.70 | |
| 28 | 2:00:00 PM | WELL (L15434) | 0.73 | |
| 29 | 2:00:00 PM | WELL (L15434) | 0.75 | |
| 30 | 6:00:00 PM | WELL (L15434) | 0.73 | |
| 31 | 2:00:00 PM | WELL (L15434) | 0.75 | |

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

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| <p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to .60 mg/L?</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? <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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| Printed Name: Dan Reitz Signature:  Date: 6/3/2024 | Title: Vice President Oregon Water Services, Inc. Phone#: (541) 342-1718 | Operator Certification #: D:6528, T:6528 OR Small Ground Water System |
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