


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: | | February 2025 | | 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) | 0.63 | |
| 2 | 10:00:00 AM | WELL (L15434) | 0.65 | |
| 3 | 10:00:00 AM | WELL (L15434) | 0.69 | |
| 4 | 10:00:00 AM | WELL (L15434) | 0.79 | |
| 5 | 6:00:00 AM | WELL (L15434) | 0.65 | |
| 6 | 2:00:00 PM | WELL (L15434) | 0.90 | |
| 7 | 10:00:00 AM | WELL (L15434) | 0.89 | |
| 8 | 6:00:00 AM | WELL (L15434) | 0.85 | |
| 9 | 6:00:00 PM | WELL (L15434) | 0.71 | |
| 10 | 6:00:00 PM | WELL (L15434) | 0.75 | |
| 11 | 6:00:00 PM | WELL (L15434) | 0.78 | |
| 12 | 6:00:00 PM | WELL (L15434) | 0.78 | |
| 13 | 10:00:00 AM | WELL (L15434) | 0.76 | |
| 14 | 10:00:00 AM | WELL (L15434) | 0.77 | |
| 15 | 6:00:00 AM | WELL (L15434) | 0.74 | |
| 16 | 2:00:00 PM | WELL (L15434) | 0.70 | |
| 17 | 2:00:00 PM | WELL (L15434) | 1.10 | |
| 18 | 6:00:00 AM | WELL (L15434) | 0.95 | |
| 19 | 6:00:00 AM | WELL (L15434) | 0.90 | |
| 20 | 6:00:00 PM | WELL (L15434) | 0.93 | |
| 21 | 10:00:00 AM | WELL (L15434) | 0.91 | |
| 22 | 10:00:00 AM | WELL (L15434) | 0.88 | |
| 23 | 2:00:00 PM | WELL (L15434) | 0.80 | |
| 24 | 6:00:00 AM | WELL (L15434) | 0.94 | |
| 25 | 6:00:00 AM | WELL (L15434) | 0.92 | |
| 26 | 6:00:00 AM | WELL (L15434) | 0.93 | |
| 27 | 10:00:00 AM | WELL (L15434) | 0.94 | |
| 28 | 2:00:00 PM | WELL (L15434) | 0.97 | |
| 29 | 2:00:00 PM | WELL (L15434) | N/A | |
| 30 | 6:00:00 PM | WELL (L15434) | N/A | |
| 31 | 2:00:00 PM | WELL (L15434) | N/A | |

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

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| GWS Serving 3,300 or Fewer If yes, did you monitor every four hours <i>Attach those results and submit them with this form.</i> | GWS Serving More Than 3,300 reporting month? ____ Yes ____ No continuous monitoring equipment was returned to service? <i>Attach grab sample results and submit them with this form.</i> | Date continuous Date it was returned / / |
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| Printed Name: Dan Reitz Signature:  Date: 2/28/2025 | 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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