

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: November 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)	1.45	
2	10:00:00 AM	WELL (L15434)	1.30	
3	10:00:00 AM	WELL (L15434)	1.70	
4	10:00:00 AM	WELL (L15434)	1.89	
5	6:00:00 AM	WELL (L15434)	1.54	
6	2:00:00 PM	WELL (L15434)	0.93	
7	10:00:00 AM	WELL (L15434)	1.54	
8	6:00:00 AM	WELL (L15434)	1.21	
9	6:00:00 PM	WELL (L15434)	1.03	
10	6:00:00 PM	WELL (L15434)	0.95	
11	6:00:00 PM	WELL (L15434)	0.98	
12	6:00:00 PM	WELL (L15434)	1.01	
13	10:00:00 AM	WELL (L15434)	1.15	
14	10:00:00 AM	WELL (L15434)	1.50	
15	6:00:00 AM	WELL (L15434)	1.97	
16	2:00:00 PM	WELL (L15434)	1.07	
17	2:00:00 PM	WELL (L15434)	0.95	
18	6:00:00 AM	WELL (L15434)	0.90	
19	6:00:00 AM	WELL (L15434)	0.85	
20	6:00:00 PM	WELL (L15434)	0.74	
21	10:00:00 AM	WELL (L15434)	0.90	
22	10:00:00 AM	WELL (L15434)	0.93	
23	2:00:00 PM	WELL (L15434)	0.84	
24	6:00:00 AM	WELL (L15434)	0.77	
25	6:00:00 AM	WELL (L15434)	0.80	
26	6:00:00 AM	WELL (L15434)	0.95	
27	10:00:00 AM	WELL (L15434)	1.01	
28	2:00:00 PM	WELL (L15434)	1.59	
29	2:00:00 PM	WELL (L15434)	1.19	
30	6:00:00 PM	WELL (L15434)	0.92	
31	7:00:00 PM	WELL (L15434)	n/a	
Was the chlorine residual ever less than the required minimum residual of .60 mg/L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? _____ hours				
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 / /
Printed Name: Dan Reitz Signature:  Date: 12/5/2025		Title: Vice President Oregon Water Services, Inc. Phone#: (541) 342-1718		Operator Certification #: D:6528, T:6528 OR Small Ground Water System