

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:** March 2026 **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)	1.83	
2	10:00:00 AM	WELL (L15434)	1.51	
3	10:00:00 AM	WELL (L15434)	1.65	
4	10:00:00 AM	WELL (L15434)	1.40	
5	6:00:00 AM	WELL (L15434)	1.30	
6	2:00:00 PM	WELL (L15434)	1.20	
7	10:00:00 AM	WELL (L15434)	1.18	
8	6:00:00 AM	WELL (L15434)	1.15	
9	6:00:00 PM	WELL (L15434)	1.00	
10	6:00:00 PM	WELL (L15434)	1.09	
11	6:00:00 PM	WELL (L15434)	1.90	
12	6:00:00 PM	WELL (L15434)	1.50	
13	10:00:00 AM	WELL (L15434)	1.22	
14	10:00:00 AM	WELL (L15434)	1.25	
15	6:00:00 AM	WELL (L15434)	1.38	
16	2:00:00 PM	WELL (L15434)	1.31	
17	2:00:00 PM	WELL (L15434)	1.28	
18	6:00:00 AM	WELL (L15434)	1.25	
19	6:00:00 AM	WELL (L15434)	1.30	
20	6:00:00 PM	WELL (L15434)	1.38	
21	10:00:00 AM	WELL (L15434)	1.35	
22	10:00:00 AM	WELL (L15434)	1.34	
23	2:00:00 PM	WELL (L15434)	1.37	
24	6:00:00 AM	WELL (L15434)	1.26	
25	6:00:00 AM	WELL (L15434)	1.30	
26	6:00:00 AM	WELL (L15434)	1.35	
27	10:00:00 AM	WELL (L15434)	1.40	
28	2:00:00 PM	WELL (L15434)	1.43	
29	2:00:00 PM	WELL (L15434)	1.34	
30	6:00:00 PM	WELL (L15434)	1.30	
31	7:00:00 PM	WELL (L15434)	1.32	

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

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours  <i>Attach those results and submit them with this form</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>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></p>	<p>Date continuous                  Date it was returned                  / /</p>
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<p>Printed Name: Dan Reitz</p> <p>Signature: </p> <p>Date: 4/1/2026</p>	<p>Title: Vice President</p> <p>Oregon Water Services, Inc.</p> <p>Phone#: (541) 342-1718</p>	<p>Operator Certification #: D:6528, T:6528</p> <p>OR</p> <p>Small Ground Water System</p>
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