

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

<b>System Name:</b>	Bella Casa Mobile Home Park	<b>PWS ID#</b>	41 - 01005
<b>Month/Year:</b>	June 2021	<b>Entry Point:</b>	<b>Required Minimum Residual:</b> 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)	0.61	
2	10:00:00 AM	WELL (L15434)	0.61	
3	10:00:00 AM	WELL (L15434)	0.65	
4	10:00:00 AM	WELL (L15434)	0.65	
5	6:00:00 AM	WELL (L15434)	0.65	
6	2:00:00 PM	WELL (L15434)	0.65	
7	10:00:00 AM	WELL (L15434)	0.71	
8	6:00:00 AM	WELL (L15434)	0.68	
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)	0.71	
12	6:00:00 PM	WELL (L15434)	0.74	
13	10:00:00 AM	WELL (L15434)	0.78	
14	10:00:00 AM	WELL (L15434)	0.85	
15	6:00:00 AM	WELL (L15434)	0.80	
16	2:00:00 PM	WELL (L15434)	0.75	
17	2:00:00 PM	WELL (L15434)	0.78	
18	6:00:00 AM	WELL (L15434)	0.69	
19	6:00:00 AM	WELL (L15434)	0.65	
20	6:00:00 PM	WELL (L15434)	0.65	
21	10:00:00 AM	WELL (L15434)	0.67	
22	10:00:00 AM	WELL (L15434)	0.61	
23	2:00:00 PM	WELL (L15434)	0.60	
24	6:00:00 AM	WELL (L15434)	0.61	
25	6:00:00 AM	WELL (L15434)	0.65	
26	6:00:00 AM	WELL (L15434)	0.78	
27	10:00:00 AM	WELL (L15434)	0.80	
28	2:00:00 PM	WELL (L15434)	0.83	
29	2:00:00 PM	WELL (L15434)	0.85	
30	6:00:00 PM	WELL (L15434)	0.85	
31	2:00:00 PM	WELL (L15434)		

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 style="text-align: center;"><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <b>.60 mg/L</b>?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;"><b>GWS Serving More Than 3,300</b></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>
---	---	---

Printed Name: Dan Reitz Signature:  Date: 7/9/2021	Title: Vice President Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification #: D:6528, T:6528 OR Small Ground Water System
---	--	---