

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>  | July 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)    | 0.71   |       |
| 2    | 10:00:00 AM | WELL (L15434)    | 0.79   |       |
| 3    | 10:00:00 AM | WELL (L15434)    | 0.79   |       |
| 4    | 10:00:00 AM | WELL (L15434)    | 0.70   |       |
| 5    | 6:00:00 AM  | WELL (L15434)    | 0.75   |       |
| 6    | 2:00:00 PM  | WELL (L15434)    | 0.61   |       |
| 7    | 10:00:00 AM | WELL (L15434)    | 0.65   |       |
| 8    | 6:00:00 AM  | WELL (L15434)    | 0.63   |       |
| 9    | 6:00:00 PM  | WELL (L15434)    | 0.69   |       |
| 10   | 6:00:00 PM  | WELL (L15434)    | 0.70   |       |
| 11   | 6:00:00 PM  | WELL (L15434)    | 0.74   |       |
| 12   | 6:00:00 PM  | WELL (L15434)    | 0.75   |       |
| 13   | 10:00:00 AM | WELL (L15434)    | 0.75   |       |
| 14   | 10:00:00 AM | WELL (L15434)    | 0.76   |       |
| 15   | 6:00:00 AM  | WELL (L15434)    | 0.76   |       |
| 16   | 2:00:00 PM  | WELL (L15434)    | 0.75   |       |
| 17   | 2:00:00 PM  | WELL (L15434)    | 0.75   |       |
| 18   | 6:00:00 AM  | WELL (L15434)    | 0.74   |       |
| 19   | 6:00:00 AM  | WELL (L15434)    | 0.70   |       |
| 20   | 6:00:00 PM  | WELL (L15434)    | 0.66   |       |
| 21   | 10:00:00 AM | WELL (L15434)    | 0.65   |       |
| 22   | 10:00:00 AM | WELL (L15434)    | 0.70   |       |
| 23   | 2:00:00 PM  | WELL (L15434)    | 0.75   |       |
| 24   | 6:00:00 AM  | WELL (L15434)    | 0.75   |       |
| 25   | 6:00:00 AM  | WELL (L15434)    | 0.76   |       |
| 26   | 6:00:00 AM  | WELL (L15434)    | 0.72   |       |
| 27   | 10:00:00 AM | WELL (L15434)    | 0.76   |       |
| 28   | 2:00:00 PM  | WELL (L15434)    | 0.76   |       |
| 29   | 2:00:00 PM  | WELL (L15434)    | 0.76   |       |
| 30   | 6:00:00 PM  | WELL (L15434)    | 0.74   |       |
| 31   | 2:00:00 PM  | WELL (L15434)    | 0.70   |       |

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 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><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> |
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| Printed Name: Dan Reitz<br>Signature: <br>Date: 8/9/2021 | Title: Vice President<br>Oregon Water Services, Inc.<br>Phone#: (541) 342-1718 | Operator Certification #: D:6528, T:6528<br>OR<br>Small Ground Water System |
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