


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:	August 2021	Entry Point:	Required Minimum Residual: 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)	0.70	
2	10:00:00 AM	WELL (L15434)	0.70	
3	10:00:00 AM	WELL (L15434)	0.69	
4	10:00:00 AM	WELL (L15434)	0.69	
5	6:00:00 AM	WELL (L15434)	0.68	
6	2:00:00 PM	WELL (L15434)	0.68	
7	10:00:00 AM	WELL (L15434)	0.67	
8	6:00:00 AM	WELL (L15434)	0.70	
9	6:00:00 PM	WELL (L15434)	0.70	
10	6:00:00 PM	WELL (L15434)	0.69	
11	6:00:00 PM	WELL (L15434)	0.69	
12	6:00:00 PM	WELL (L15434)	0.68	
13	10:00:00 AM	WELL (L15434)	0.68	
14	10:00:00 AM	WELL (L15434)	0.68	
15	6:00:00 AM	WELL (L15434)	0.69	
16	2:00:00 PM	WELL (L15434)	0.70	
17	2:00:00 PM	WELL (L15434)	0.70	
18	6:00:00 AM	WELL (L15434)	0.69	
19	6:00:00 AM	WELL (L15434)	0.69	
20	6:00:00 PM	WELL (L15434)	0.69	
21	10:00:00 AM	WELL (L15434)	0.69	
22	10:00:00 AM	WELL (L15434)	0.68	
23	2:00:00 PM	WELL (L15434)	0.70	
24	6:00:00 AM	WELL (L15434)	0.70	
25	6:00:00 AM	WELL (L15434)	0.70	
26	6:00:00 AM	WELL (L15434)	0.69	
27	10:00:00 AM	WELL (L15434)	0.69	
28	2:00:00 PM	WELL (L15434)	0.69	
29	2:00:00 PM	WELL (L15434)	0.70	
30	6:00:00 PM	WELL (L15434)	0.70	
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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to .60 mg/L?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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: 9/10/2021	Title: Vice President Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification #: D:6528, T:6528 OR Small Ground Water System
--	--	---