

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

System Name: Hopewell Water Company  
 PWS ID#: 41 00251  
 Month/Year: 01 / 2021  
 Entry Point: A  
 Required Minimum Residual: 0.8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:40	FENTON'S GARAGE	0.9	
2	5:31		0.9	
3	5:25		0.9	
4	5:19		0.8	
5	3:21		0.8	
6	3:37		1.1	
7	3:50		1.1	
8	3:39		1.0	
9	5:21		0.9	
10	5:32		0.9	
11	5:14		0.9	
12	3:42		0.8	
13	3:21		0.8	
14	3:27		0.8	
15	3:19		1.1	
16	5:10		1.0	
17	5:35		1.0	
18	5:20		0.9	
19	3:14		0.9	
20	3:25		0.9	
21	3:33		0.9	
22	3:54		0.8	
23	5:08		0.8	
24	5:27		1.1	
25	5:19		1.1	
26	3:39		1.0	
27	3:10		0.9	
28	3:42		0.9	
29	4:01		0.9	
30	4:59		0.8	
31	5:12		0.8	

Was the chlorine residual ever less than the required minimum residual of 0.8 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b>                  If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No                   Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b>                  Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No                   Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____                   Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: BRETT ALORICH  
 Signature: *[Signature]*  
 Date: 02/01/2021  
 Title: WATER MASTER  
 Phone #: (503) 871-0457  
 Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System