

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

System Name Hopewell Water Company PWS ID# 41 00251  
 Month/Year 02/2021 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	5:31	FENTON'S GARAGE	0.8	
2	4:01		1.1	
3	3:42		1.1	
4	3:10		1.0	
5	3:39		1.0	
6	5:25		1.0	
7	5:19		0.9	
8	5:21		0.9	
9	3:54		0.8	
10	3:33		0.8	
11	3:25		1.1	
12	3:14		1.1	
13	5:32		1.1	
14	5:14		1.0	
15	5:10		1.0	
16	3:19		0.9	
17	3:27		0.9	
18	3:21		0.8	
19	3:42		0.8	
20	5:35		1.1	
21	5:20		1.1	
22	5:08		1.0	
23	3:39		1.0	
24	3:50		0.9	
25	3:37		0.9	
26	3:21		0.9	
27	5:27		0.8	
28	5:12		0.8	
29	—	—	—	—
30	—	—	—	—
31	—	—	—	—

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>
---	---	--

Printed Name: **BRETT ALDRICH** Title: **WATER MASTER** Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: **(603) 871-0457** OR  
 Date: **03/01/2021** Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.