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

System Name	Hopewell Water Company		PWS ID# 4 1 00251	
Month/Year 03/2021	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	5:25	FENTON'S GARAGE	1.2	
2	3:19		1.1	
3	3:27		1.1	
4	3:32		1.0	
5	3:21		0.9	
6	5:19		0.9	
7	5:21		0.8	
8	5:32		0.8	
9	3:39		0.8	
10	3:50		1.1	
11	3:37		1.1	
12	3:21		1.1	
13	5:14		1.0	
14	5:10		1.0	
15	5:35		0.9	
16	3:42		0.9	
17	3:39		0.8	
18	3:50		0.8	
19	3:37		1.2	
20	5:20		1.1	
21	5:08		1.1	
22	5:27		1.1	
23	3:21		1.0	
24	3:42		1.0	
25	3:10		0.9	
26	3:39		0.9	
27	5:12		0.8	
28	5:31		1.1	
29	5:25		1.1	
30	3:50		1.1	
31	3:37		1.0	

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.

GWS Serving 3,300 or Fewer	**GWS Serving More Than 3,300**	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: BRETT ALDRICH	Title: WATER MASTER	Operator Certification #:
Signature:	Phone #: (503) 871-0457	OR
Date: 04/02/2021		Small Groundwater System ☒

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.