

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

System Name: Hopewell Water Company  
 PWS ID#: 41 00251  
 Month/Year: 04/2021  
 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	3:37	FENTON'S GARAGE	1.0	
2	3:50		0.9	
3	5:25		0.9	
4	5:31		0.8	
5	5:12		0.8	
6	3:39		1.2	
7	3:10		1.2	
8	3:42		1.1	
9	3:21		1.1	
10	5:27		1.0	
11	5:08		1.0	
12	5:20		0.9	
13	3:37		0.9	
14	3:50		0.8	
15	3:39		1.2	
16	3:42		1.1	
17	5:35		1.1	
18	5:10		1.0	
19	5:14		1.0	
20	3:21		0.9	
21	3:37		0.9	
22	3:50		0.8	
23	3:39		0.8	
24	5:32		1.2	
25	5:21		1.2	
26	5:19		1.1	
27	3:21		1.1	
28	3:32		1.0	
29	3:27		1.0	
30	3:19		0.9	
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>
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Printed Name: BRETT ALDRICH Title: WATER MASTER Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 871-0457 OR  
 Date: 05/04/2021 Small Groundwater System