

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

System Name: Hopewell Water Company
 PWS ID#: 41 00251
 Month/Year: 07/2021
 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	3:42	FENTON'S GARAGE	0.9	
2	3:39		0.8	
3	5:21		0.8	
4	5:32		1.2	
5	5:35		1.2	
6	3:50		1.1	
7	3:37		1.1	
8	3:21		1.0	
9	3:42		0.9	
10	5:14		0.9	
11	5:10		0.8	
12	5:20		0.8	
13	3:39		1.2	
14	3:50		1.1	
15	3:37		1.1	
16	3:21		1.1	
17	5:08		1.0	
18	5:27		0.9	
19	5:22		0.9	
20	3:42		0.8	
21	3:21		0.8	
22	3:52		1.2	
23	3:10		1.2	
24	5:17		1.1	
25	5:11		1.1	
26	5:12		1.0	
27	3:39		1.0	
28	3:19		0.9	
29	3:27		0.8	
30	3:32		0.8	
31	5:36		1.2	

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>GWS Serving 3,300 or Fewer 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>GWS Serving More Than 3,300 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: **08/02/2021** 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.