

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

System Name	Hopewell Water Company	PWS ID#	41 00251
Month/Year	Entry Point: A	Required Minimum Residual	0.8 mg/L
	12 12021		

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	3:43	FENTON'S GARAGE	0.8	
2	3:39		0.8	
3	3:21		1.2	
4	5:12		1.1	
5	5:42		1.1	
6	5:29		1.0	
7	3:22		0.9	
8	3:39		0.9	
9	3:50		0.9	
10	3:42		0.8	
11	5:35		0.8	
12	5:14		1.2	
13	6:10		1.2	
14	3:37		1.1	
15	3:32		1.0	
16	3:42		1.0	
17	3:27		0.9	
18	5:08		0.9	
19	5:27		0.8	
20	5:21		0.8	
21	3:20		1.2	
22	3:19		1.2	
23	3:52		1.1	
24	3:40		1.1	
25	5:17		1.0	
26	5:11		1.0	
27	5:36		0.9	
28	3:10		0.8	
29	3:12		0.8	
30	3:25		1.2	
31	3:15		1.1	

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</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: BRETT ANDRICH	Title: WATER MASTER	Operator Certification #:
Signature:	Phone #: (503) 871-0457	OR
Date: 01/01/2022		Small Groundwater System <input checked="" type="checkbox"/>

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.