

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

System Name Hopewell Water Company

PWS ID# 41 00251

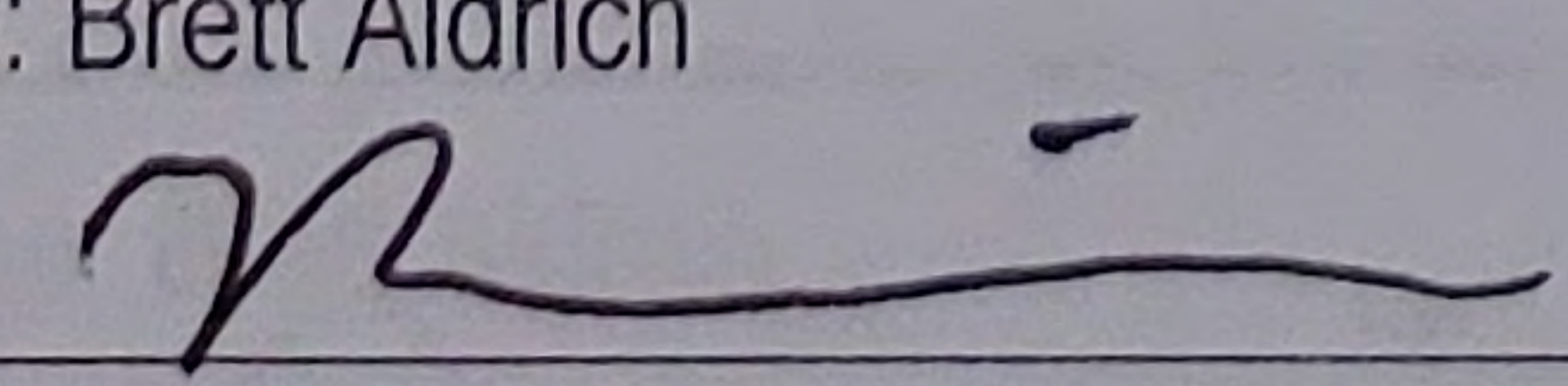
Month/Year 02 / 2022 Entry Point: A

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	3:19	FENTON'S GARAGE	0.9	
2	3:42		0.8	
3	3:20		0.8	
4	3:37		1.2	
5	5:27		1.1	
6	5:14		1.1	
7	5:08		1.0	
8	3:15		1.0	
9	3:43		0.9	
10	2:25		0.9	
11	3:39		0.8	
12	5:10		0.8	
13	5:38		1.2	
14	5:45		1.2	
15	3:12		1.1	
16	3:21		1.1	
17	3:35		1.0	
18	3:10		1.0	
19	5:36		0.9	
20	5:12		0.9	
21	5:51		0.8	
22	3:40		1.2	
23	3:39		1.2	
24	3:52		1.1	
25	3:50		1.1	
26	5:42		1.0	
27	5:11		1.0	
28	5:17		0.9	
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>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>
--	--	---

Printed Name: Brett Aldrich Signature:  Date: 03/01/2022	Title: Water Master Phone #: (503) 871-0457	Operator Certification #: OR 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.