

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

System Name Hopewell Water Company

PWS ID# 41 00251


Month/Year 07/2022 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	3:25	FENTON'S GARAGE	1.0	
2	5:19		1.0	
3	5:17		0.9	
4	5:12		0.9	
5	3:52		0.8	
6	3:15		0.8	
7	3:42		1.2	
8	3:35		1.1	
9	5:27		1.1	
10	5:50		1.0	
11	5:14		1.0	
12	3:39		0.9	
13	3:43		0.9	
14	3:20		0.8	
15	3:19		0.8	
16	5:38		1.2	
17	5:51		1.1	
18	5:45		1.1	
19	3:45		1.0	
20	3:40		0.9	
21	3:28		0.9	
22	3:37		0.8	
23	5:42		0.8	
24	5:12		0.8	
25	5:11		1.2	
26	3:16		1.2	
27	3:15		1.1	
28	3:21		1.0	
29	3:10		1.0	
30	5:38		0.9	
31	5:56		0.9	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>	

Printed Name: Brett Aldrich	Title: Water Master	Operator Certification #:
Signature: 	Phone #: (503) 871-0457	OR
Date: <u>08/02/2022</u>		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.