

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 09 / 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	3:16	FENTON'S GARAGE	1.1		
2	3:15		1.0		
3	5:17		1.0		
4	5:19		0.9		
5	5:56		0.9		
6	3:21		0.8		
7	3:10		0.8		
8	3:38		1.2		
9	3:25		1.2		
10	5:38		1.1		
11	5:11		1.1		
12	5:12		1.0		
13	3:52		1.0		
14	3:15		0.9		
15	3:42		0.8		
16	3:35		0.8		
17	5:42		1.2		
18	5:45		1.1		
19	5:51		1.1		
20	3:39		1.0		
21	3:43		1.0		
22	3:20		0.9		
23	3:19		0.9		
24	5:38		0.8		
25	5:14		0.8		
26	5:50		1.2		
27	3:45		1.2		
28	3:40		1.1		
29	3:28		1.1		
30	3:37		1.0		
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></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: Brett Aldrich	Title: Water Master	Operator Certification #:
Signature:	Phone #: (503) 871-0457	OR
Date: 09/22/2022		Small Groundwater System <input checked="" type="checkbox"/>

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.