

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 10 / 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	5:50	FENTON'S GARAGE	1.0	
2	5:17		0.9	
3	5:14		0.9	
4	3:52		0.8	
5	3:15		1.2	
6	3:42		1.2	
7	3:35		1.1	
8	5:19		1.1	
9	5:38		1.0	
10	5:56		0.9	
11	3:25		0.9	
12	3:43		0.8	
13	3:38		0.8	
14	3:19		1.2	
15	5:51		1.2	
16	5:38		1.1	
17	5:45		1.1	
18	3:10		1.0	
19	3:45		0.9	
20	3:21		0.9	
21	3:40		0.8	
22	5:11		0.8	
23	5:42		1.2	
24	5:12		1.1	
25	3:15		1.1	
26	3:08		1.0	
27	3:16		1.0	
28	3:37		0.9	
29	5:16		0.9	
30	5:27		0.8	
31	5:30		0.8	

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>
---	---	---

Printed Name: Brett Aldrich	Title: Water Master	Operator Certification #:
Signature:	Phone #: (503) 871-0457	OR
Date: 11/02/2022		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.**