

Phone #: (503) 871-0457

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

System Name Hopewell Water Company

PWS ID# 41 00251


Month/Year 01 12 2023 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	5:22	FENTON'S GARAGE	0.8	
2	5:30		0.8	
3	3:10		1.2	
4	3:39		1.2	
5	3:40		1.1	
6	3:21		1.1	
7	5:12		1.0	
8	5:36		0.9	
9	5:42		0.9	
10	3:52		0.8	
11	3:22		0.8	
12	3:19		1.2	
13	3:39		1.1	
14	5:11		1.1	
15	5:29		1.0	
16	5:17		1.0	
17	3:20		0.9	
18	3:50		0.9	
19	3:27		0.8	
20	3:42		0.8	
21	5:35		1.2	
22	5:21		1.2	
23	5:14		1.1	
24	3:37		1.1	
25	3:32		1.0	
26	3:15		0.9	
27	3:25		0.9	
28	5:27		0.8	
29	5:10		0.8	
30	5:08		1.2	
31	3:12		1.2	

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 Aldrich	Title: Water Master	Operator Certification #:
Signature: 	Phone #: (503) 871-0457	OR
Date: 02/01/2023		Small Groundwater System <input checked="" type="checkbox"/>