

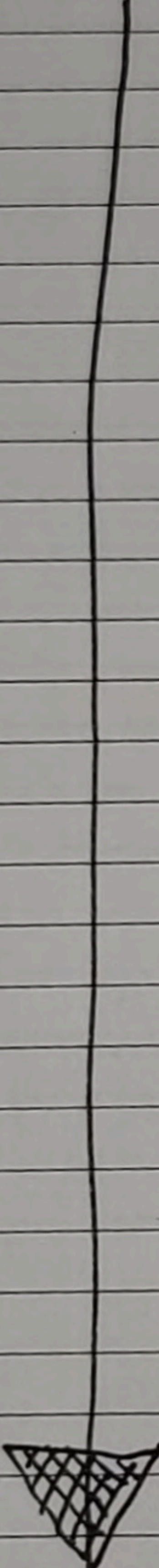
**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Hopewell Water Company

PWS ID# 41 00251


Month/Year 02 12023 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	3:12	FENTON'S GARAGE	1.1		
2	3:25		1.0		
3	3:15		1.0		
4	5:10		0.9		
5	5:27		0.9		
6	5:21		0.8		
7	3:32		0.8		
8	3:37		1.2		
9	3:42		1.2		
10	3:27		1.1		
11	5:35		1.1		
12	5:17		1.0		
13	5:29		1.0		
14	3:50		0.9		
15	3:20		0.9		
16	3:39		0.8		
17	3:19		1.2		
18	5:11		1.2		
19	5:42		1.1		
20	5:36		1.0		
21	3:22		1.0		
22	3:52		0.9		
23	3:24		0.9		
24	3:40		0.8		
25	5:12		0.8		
26	5:30		1.2		
27	5:22		1.2		
28	3:39		1.1		
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><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>
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Printed Name: BRETT ALDRICH	Title: WATER MASTER	Operator Certification #:
Signature: 	Phone #: (503) 871-0457	OR
Date: 03/03/2023		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.