

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

System Name **Hopewell Water Company**

PWS ID# **41 00251**

Month/Year **05 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	5:16	FENTON'S GARAGE	1.2	
2	3:35		1.1	
3	3:21		1.1	
4	3:40		1.0	
5	3:19		1.0	
6	5:35		0.9	
7	5:11		0.8	
8	5:29		0.8	
9	3:42		1.2	
10	3:27		1.2	
11	3:50		1.1	
12	3:20		1.1	
13	5:17		1.0	
14	5:14		1.6	
15	3:21		0.9	
16	3:25		0.8	
17	3:15		0.8	
18	3:32		1.2	
19	3:37		1.2	
20	6:35		1.1	
21	5:08		1.1	
22	5:10		1.0	
23	3:02		1.0	
24	3:41		0.9	
25	3:10		0.9	
26	3:12		0.8	
27	5:27		1.2	
28	5:12		1.2	
29	5:36		1.1	
30	3:21		1.0	
31	3:40		1.0	

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 checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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 checked="" 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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: **BRETT ALDATCH** Title: **WATER MASTER** Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_ OR  
 Date: **06/03/2023** Small Groundwater System