

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 06 / 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 | 3:32 | | 0.9 | |
| 2 | 3:37 | | 0.9 | |
| 3 | 5:36 | | 0.8 | |
| 4 | 5:16 | | 0.8 | |
| 5 | 5:35 | | 1.2 | |
| 6 | 3:02 | | 1.2 | |
| 7 | 3:41 | | 1.1 | |
| 8 | 3:10 | | 1.1 | |
| 9 | 3:12 | | 1.0 | |
| 10 | 5:11 | | 0.9 | |
| 11 | 6:29 | | 0.9 | |
| 12 | 5:17 | | 0.8 | |
| 13 | 3:21 | | 0.8 | |
| 14 | 3:40 | | 1.2 | |
| 15 | 3:35 | | 1.1 | |
| 16 | 3:24 | | 1.1 | |
| 17 | 5:14 | | 1.0 | |
| 18 | 5:21 | | 1.0 | |
| 19 | 5:35 | | 0.9 | |
| 20 | 3:40 | | 0.9 | |
| 21 | 3:19 | | 0.8 | |
| 22 | 3:42 | | 0.8 | |
| 23 | 3:27 | | 1.2 | |
| 24 | 5:08 | | 1.1 | |
| 25 | 5:10 | | 1.1 | |
| 26 | 5:27 | | 1.0 | |
| 27 | 3:50 | | 1.0 | |
| 28 | 3:20 | | 0.9 | |
| 29 | 3:25 | | 0.9 | |
| 30 | 3:15 | | 0.8 | |
| 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>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> |
|--|--|---|

Printed Name: BRETT ANDRICH Title: WATER MASTER Operator Certification #: _____
 Signature: Brett Andrich Phone #: (503) 871-0457 OR
 Date: 07/02/2023 Small Groundwater System

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.