

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 07/2023 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	5:35	FENTONS GARAGE	0.8	
2	5:21		1.2	
3	5:14		1.2	
4	3:02		1.1	
5	3:50		1.1	
6	3:02		1.0	
7	3:20		1.0	
8	5:17		0.9	
9	5:29		0.8	
10	5:11		0.8	
11	3:41		1.2	
12	3:25		1.1	
13	3:10		1.1	
14	3:15		1.0	
15	5:35		1.0	
16	5:16		0.9	
17	5:36		0.9	
18	3:21		0.8	
19	3:40		0.8	
20	3:42		1.2	
21	3:19		1.2	
22	5:27		1.1	
23	5:10		1.1	
24	5:08		1.0	
25	3:44		1.0	
26	3:27		0.9	
27	3:32		0.9	
28	3:37		0.8	
29	5:19		1.2	
30	5:50		1.2	
31	5:18		1.1	

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>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 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: Brett Aldrich Phone #: (603)871-0457 OR  
 Date: 08/02/2023 Small Groundwater System