

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 08/2023 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	3:37	FENTONS GARAGE	1.0	
2	3:32		1.0	
3	3:27		0.9	
4	3:44		0.9	
5	5:18		0.8	
6	5:50		0.8	
7	3:19		1.2	
8	3:19		1.2	
9	3:42		1.1	
10	3:40		1.1	
11	3:21		1.0	
12	5:08		0.9	
13	5:10		0.8	
14	5:27		0.8	
15	3:15		0.8	
16	3:10		1.2	
17	3:25		1.1	
18	3:41		1.1	
19	5:16		1.0	
20	5:35		1.0	
21	5:15		0.9	
22	3:00		0.9	
23	3:02		0.8	
24	3:50		0.8	
25	3:14		1.2	
26	5:11		1.1	
27	5:29		1.1	
28	5:17		1.0	
29	3:35		1.0	
30	3:19		0.9	
31	3:22		0.9	

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>
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Printed Name: <u>BRETT ALDRICH</u> Signature: <u>Brett Aldrich</u> Date: <u>09/02/2023</u>	Title: <u>WATER MASTER</u> Phone #: <u>(503) 871-0467</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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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.