

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 09/2023 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		FENTONS GARAGE		
2	5:18		0.8	
3	5:08		1.2	
4	5:16		1.2	
5	3:35		1.1	
6	3:44		1.1	
7	3:21		1.0	
8	3:41		0.9	
9	5:11		0.9	
10	5:50		0.8	
11	5:10		0.8	
12	3:14		1.2	
13	3:22		1.2	
14	3:27		1.1	
15	3:40		1.1	
16	5:35		1.0	
17	5:29		1.0	
18	5:19		0.9	
19	3:25		0.8	
20	3:50		0.8	
21	3:19		1.2	
22	3:32		1.2	
23	5:27		1.1	
24	5:15		1.1	
25	5:17		1.0	
26	3:42		1.0	
27	3:10		0.9	
28	3:02		0.8	
29	3:37		0.8	
30	5:19		1.2	
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>
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Printed Name: BRETT ALDRICH	Title: WATER MASTER	Operator Certification #:
Signature:	Phone #: (503) 871-0457	OR
Date: 10/02/2023		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.