

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 10/2023 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	5:19	FENTON'S GARAGE	1.2	
2	5:55		1.1	
3	3:37		1.1	
4	3:02		1.0	
5	3:10		1.0	
6	3:42		0.9	
7	5:17		0.9	
8	5:15		0.8	
9	5:27		1.2	
10	3:32		1.1	
11	3:19		1.1	
12	3:50		1.0	
13	3:25		0.9	
14	5:19		0.9	
15	5:29		0.9	
16	5:35		0.8	
17	3:40		0.8	
18	3:27		1.2	
19	3:22		1.2	
20	3:14		1.1	
21	5:10		1.1	
22	5:50		1.0	
23	5:11		0.9	
24	3:41		0.9	
25	3:21		0.8	
26	3:44		0.8	
27	3:35		1.2	
28	5:16		1.2	
29	5:08		1.1	
30	5:18		1.1	
31	3:22		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>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: Brett Aldrich Phone #: (503) 871-0457 OR
 Date: 11/01/2023 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.