

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 11 / 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	3:39	FENTON'S GARAGE	1.0	
2	3:21		1.0	
3	3:22		0.8	
4	5:12		0.8	
5	5:42		1.2	
6	5:21		1.2	
7	3:39		1.1	
8	3:50		1.1	
9	3:42		1.0	
10	3:37		0.9	
11	5:35		0.9	
12	5:14		0.8	
13	5:10		0.8	
14	3:32		1.2	
15	3:42		1.2	
16	3:27		1.1	
17	3:20		1.1	
18	5:08		1.0	
19	5:27		0.9	
20	5:21		0.9	
21	3:19		0.8	
22	3:52		0.8	
23	3:40		1.2	
24	3:10		1.2	
25	5:17		1.1	
26	5:11		1.1	
27	5:36		1.1	
28	3:12		1.0	
29	3:25		1.0	
30	3:16		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>
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Printed Name: **BRETT ALDRICH** Title: **WATERMASTER** Operator Certification #: _____
 Signature: *Brett Aldrich* Phone #: (503) 871-0457 OR _____
 Date: 12/08/2023 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.