

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 01/2024 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	5:17	FENTON'S GARAGE	1.1	
2	3:20		1.0	
3	3:27		1.0	
4	3:42		0.9	
5	3:32		0.8	
6	5:42		0.8	
7	5:11		1.2	
8	5:29		1.1	
9	3:37		1.1	
10	3:42		1.0	
11	3:50		1.0	
12	3:39		0.9	
13	5:36		0.9	
14	5:50		0.8	
15	5:18		0.8	
16	3:22		1.2	
17	3:21		1.1	
18	3:29		1.1	
19	3:16		1.0	
20	5:35		1.0	
21	5:08		0.9	
22	5:14		0.9	
23	3:25		0.8	
24	3:12		0.8	
25	3:40		1.2	
26	3:52		1.1	
27	5:27		1.1	
28	5:10		1.0	
29	5:21		1.0	
30	3:19		0.9	
31	3:20		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>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: BRETT ALDRICH Title: WATER MASTER Operator Certification #: _____
 Signature: Brett Aldrich Phone #: (503) 871-0457 OR
 Date: 02/02/2024 Small Groundwater System