

Monthly Disinfection Report for Ground Water Systems

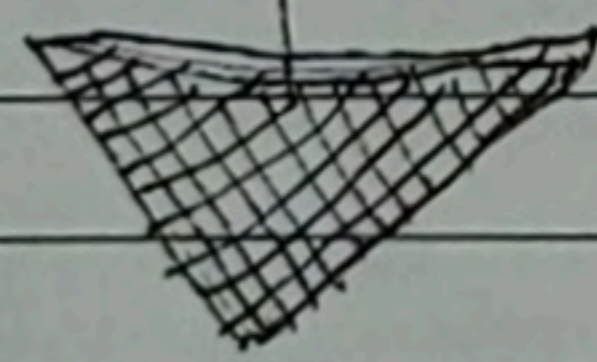
System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 03 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		FENTON'S GARAGE	1.2	
2	5:29		1.2	
3	5:36		1.1	
4	5:50		1.1	
5	3:12		1.0	
6	3:40		1.0	
7	3:52		0.9	
8	3:19		0.8	
9	5:18		0.8	
10	5:08		1.2	
11	5:14		1.1	
12	3:20		1.1	
13	3:27		1.0	
14	3:42		1.0	
15	3:32		0.9	
16	5:27		0.9	
17	5:10		0.8	
18	5:21		0.8	
19	3:37		1.2	
20	3:42		1.2	
21	3:50		1.1	
22	3:39		1.1	
23	5:17		1.0	
24	5:42		0.9	
25	5:11		0.9	
26	3:22		0.8	
27	3:21		0.8	
28	3:39		1.2	
29	3:16		1.1	
30	5:29		1.1	
31	5:36		1.0	



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 checked="" type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
--	---	---

Printed Name: Brett Aldrich Signature: Date: 04/01/2024	Title: Water Master Phone #: (503) 871-0457	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
---	--	---