


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

System Name Hopewell Water Company

PWS ID# 41 00251

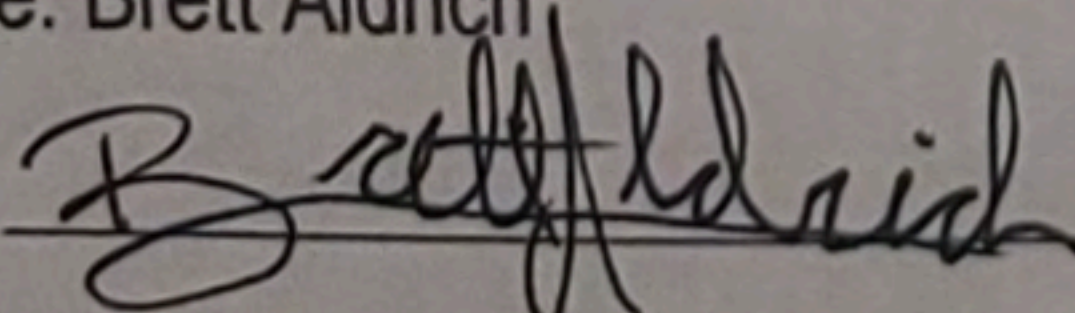
Month/Year 06 12024 Entry Point: A

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	5:10	FENTON'S GARAGE	1.1	
2	5:17		1.1	
3	5:11		1.0	
4	3:16		1.0	
5	3:32		0.9	
6	3:42		0.8	
7	3:20		0.8	
8	5:36		1.2	
9	5:50		1.1	
10	5:08		1.1	
11	3:52		1.0	
12	3:12		1.0	
13	3:39		0.9	
14	3:22		0.9	
15	5:18		0.8	
16	5:42		0.8	
17	5:21		1.2	
18	3:50		1.2	
19	3:37		1.1	
20	3:27		1.1	
21	3:19		1.0	
22	5:27		0.9	
23	5:08		0.9	
24	5:14		0.8	
25	3:40		0.8	
26	3:16		1.2	
27	3:21		1.2	
28	3:39		1.1	
29	5:29		1.1	
30	5:31		1.0	
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><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>
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Printed Name: Brett Aldrich	Title: Water Master	Operator Certification #:
Signature: 	Phone #: (503) 871-0457	OR
Date: 07/03/2024		Small Groundwater System <input checked="" type="checkbox"/>