

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 07/2024 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	5:42	FENTONS GARAGE	1.0	
2	3:39		0.9	
3	3:16		0.8	
4	3:21		0.8	
5	3:32		1.2	
6	5:31		1.2	
7	5:10		1.1	
8	5:29		1.1	
9	3:16		1.0	
10	3:42		0.9	
11	3:40		0.9	
12	3:20		0.8	
13	5:17		0.8	
14	5:14		1.2	
15	5:11		1.2	
16	3:19		1.1	
17	3:52		1.1	
18	3:27		1.0	
19	3:12		1.0	
20	5:08		0.9	
21	5:36		0.8	
22	5:27		0.8	
23	3:37		1.2	
24	3:39		1.2	
25	3:50		1.1	
26	3:42		1.0	
27	5:50		1.0	
28	5:21		0.9	
29	5:18		0.9	
30	3:30		0.8	
31	3:41		0.8	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: 08/01/2024 Small Groundwater System