

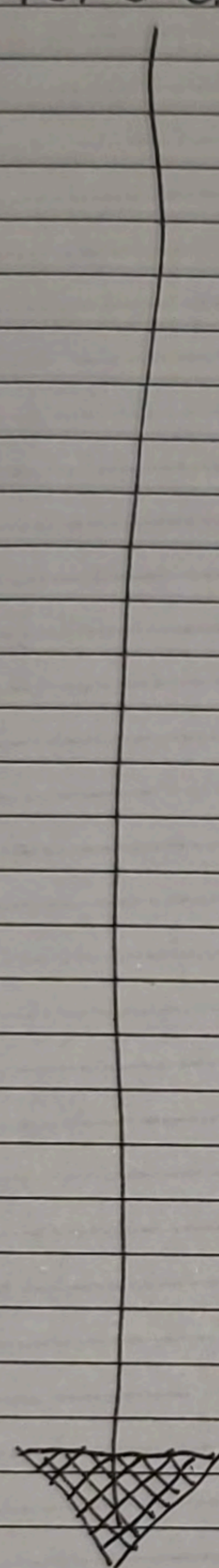
State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Hopewell Water Company

PWS ID# 41 00251

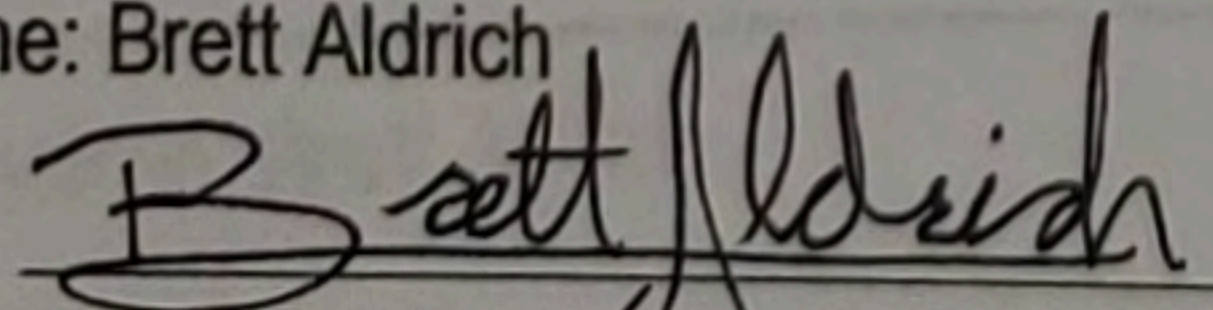
Month/Year 09 12024 Entry Point: A

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	5:29	FENTON'S GARAGE	1.0		
2	5:10		0.9		
3	3:32		0.9		
4	3:16		0.8		
5	3:42		0.8		
6	3:40		1.2		
7	5:31		1.2		
8	5:42		1.1		
9	5:18		1.1		
10	3:20		1.0		
11	3:19		1.0		
12	3:52		0.9		
13	3:27		0.8		
14	5:21		0.8		
15	5:50		1.2		
16	5:27		1.1		
17	3:12		1.1		
18	3:37		1.0		
19	3:39		1.0		
20	3:50		0.9		
21	5:36		0.9		
22	5:08		0.8		
23	5:11		0.8		
24	3:22		1.2		
25	3:41		1.2		
26	3:30		1.1		
27	3:39		1.1		
28	5:14		1.0		
29	5:17		1.0		
30	5:29		0.9		
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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<p>Printed Name: Brett Aldrich</p> <p>Signature: </p> <p>Date: 10/03/2024</p>	<p>Title: Water Master</p> <p>Phone #: (503) 871-0457</p>	<p>Operator Certification #:</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;