

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

System Name Hopewell Water Company PWS ID# 41 00251
 Month/Year 11 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		FENTON'S GARAGE	1.1	
2	5:50		1.0	
3	5:17		1.0	
4	5:21		0.9	
5	3:40		0.9	
6	5:16		0.8	
7	3:42		0.8	
8	3:20		1.2	
9	5:11		1.2	
10	5:36		1.1	
11	6:08		1.1	
12	3:37		1.0	
13	3:19		1.0	
14	3:27		0.9	
15	3:12		0.8	
16	5:42		0.8	
17	5:18		1.2	
18	5:29		1.2	
19	3:39		1.1	
20	3:39		1.1	
21	3:22		1.0	
22	3:41		0.9	
23	5:27		0.9	
24	5:31		0.8	
25	5:52		0.8	
26	3:14		1.2	
27	3:30		1.2	
28	3:10		1.1	
29	3:29		1.1	
30	5:14		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>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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Printed Name: Brett Aldrich Title: Water Master Operator Certification #:
 Signature: Brett Aldrich Phone #: (503) 871-0457 OR
 Date: 12/03/2024 Small Groundwater System