

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

|                                       |                  |
|---------------------------------------|------------------|
| System Name<br>Hopewell Water Company | PWS ID# 41 00251 |
| Month/Year<br><b>07 '2025</b>         | 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    | 3:37 | FENTON'S GARAGE  | 1.1  |       |
| 2    | 3:44 |                  | 1.1  |       |
| 3    | 5:50 |                  | 1.0  |       |
| 4    | 5:36 |                  | 1.0  |       |
| 5    | 5:41 |                  | 0.9  |       |
| 6    | 5:14 |                  | 0.6  |       |
| 7    | 5:50 |                  | 0.8  |       |
| 8    | 3:14 |                  | 1.2  |       |
| 9    | 3:40 |                  | 1.2  |       |
| 10   | 3:33 |                  | 1.1  |       |
| 11   | 3:14 |                  | 1.1  |       |
| 12   | 5:18 |                  | 1.0  |       |
| 13   | 5:08 |                  | 1.0  |       |
| 14   | 5:31 |                  | 0.9  |       |
| 15   | 3:14 |                  | 0.9  |       |
| 16   | 3:12 |                  | 0.8  |       |
| 17   | 3:42 |                  | 1.2  |       |
| 18   | 3:20 |                  | 1.2  |       |
| 19   | 5:52 |                  | 1.1  |       |
| 20   | 5:42 |                  | 1.1  |       |
| 21   | 5:21 |                  | 1.0  |       |
| 22   | 3:29 |                  | 0.9  |       |
| 23   | 3:20 |                  | 0.9  |       |
| 24   | 3:18 |                  | 0.8  |       |
| 25   | 3:10 |                  | 0.8  |       |
| 26   | 5:31 |                  | 1.2  |       |
| 27   | 5:17 |                  | 1.2  |       |
| 28   | 5:30 |                  | 1.1  |       |
| 29   | 3:29 |                  | 1.1  |       |
| 30   | 3:20 |                  | 1.0  |       |
| 31   | 3:12 |                  | 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.

|   |   |  |
|---|---|--|
| <b>GWS Serving 3,300 or Fewer</b><br>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<br><br>Attach those results and submit them with this form. | <b>GWS Serving More Than 3,300</b><br>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Attach grab sample results and submit them with this form. | Date continuous monitoring equipment failed:<br>/ /<br><br>Date it was returned to service:<br>/ / |
|---|---|--|

|  |  |  |
|--|--|--|
| Printed Name: Brett Aldrich<br>Signature: <i>Brett Aldrich</i><br>Date: 08/02/2025 | Title: Water Master<br>Phone #: (503) 871-0457 | Operator Certification #:<br>OR<br>Small Groundwater System <input type="checkbox"/> |
|--|--|--|

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.