

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

System Name Hopewell Water Company	PWS ID# 41 00251
Month/Year 09/2025	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	5:50	FENTON'S GARAGE	1.2	
2	3:22		1.1	
3	3:20		1.0	
4	3:42		1.0	
5	3:12		0.9	
6	5:14		0.9	
7	5:41		0.8	
8	5:36		0.8	
9	3:19		1.2	
10	3:33		1.2	
11	3:40		1.1	
12	3:14		1.1	
13	5:25		1.0	
14	5:31		1.0	
15	5:17		0.9	
16	3:50		0.8	
17	3:44		0.8	
18	3:37		1.2	
19	3:12		1.2	
20	5:30		1.1	
21	5:21		1.0	
22	5:42		1.0	
23	3:20		0.9	
24	3:24		0.9	
25	5:10		0.8	
26	3:18		0.8	
27	5:52		1.2	
28	5:31		1.1	
29	5:08		1.1	
30	3:29		1.1	
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.

GWS Serving 3,300 or Fewer 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 Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ Date it was returned to service: _____
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Printed Name: Brett Aldrich Signature: <i>Brett Aldrich</i> Date: 10/07/2025	Title: Water Master Phone #: (503) 871-0457	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.