

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 04 2022 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	3:21	FENTON'S GARAGE	1.1	
2	5:08		1.0	
3	5:14		1.0	
4	5:27		0.9	
5	3:39		0.9	
6	3:12		0.8	
7	3:39		0.8	
8	3:25		1.2	
9	5:17		1.2	
10	5:11		1.1	
11	5:42		1.1	
12	3:21		1.0	
13	3:43		1.0	
14	3:35		0.9	
15	3:15		0.8	
16	5:51		0.8	
17	5:12		1.2	
18	5:45		1.1	
19	3:10		1.1	
20	3:15		1.0	
21	3:37		1.0	
22	3:40		0.9	
23	5:38		0.9	
24	5:19		0.8	
25	5:50		0.8	
26	3:20		1.2	
27	3:39		1.1	
28	3:42		1.1	
29	3:52		1.0	
30	5:10		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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></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:	Phone #: (503) 871-0457	OR
Date: <u>05/03/2022</u>		Small Groundwater System <input checked="" type="checkbox"/>

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.