

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

System Name Hopewell Water Company

PWS ID# 4 1 00251

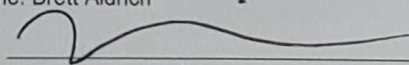
Month/Year 06 12 2022 Entry Point: A

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	3:39	FENTONS GARAGE	1.2	
2	3:25		1.1	
3	3:21		1.1	
4	5:12		1.0	
5	5:50		1.0	
6	5:19		0.9	
7	3:19		0.9	
8	3:43		0.8	
9	3:35		0.8	
10	3:15		1.2	
11	5:38		1.2	
12	6:45		1.1	
13	5:12		1.0	
14	3:10		1.0	
15	3:15		0.9	
16	3:37		0.9	
17	3:40		0.8	
18	5:51		0.8	
19	5:42		1.2	
20	5:11		1.2	
21	3:20		1.1	
22	3:39		1.1	
23	3:42		1.0	
24	3:52		1.0	
25	5:17		0.9	
26	5:27		0.9	
27	5:14		0.8	
28	3:16		1.2	
29	3:08		1.1	
30	3:45		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.

<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>	

Printed Name: Brett Aldrich	Title: Water Master	Operator Certification #:
Signature: 	Phone #: (503) 871-0457	OR
Date: 07 02 2022		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.