

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

System Name Hopewell Water Company

PWS ID# 41 00251

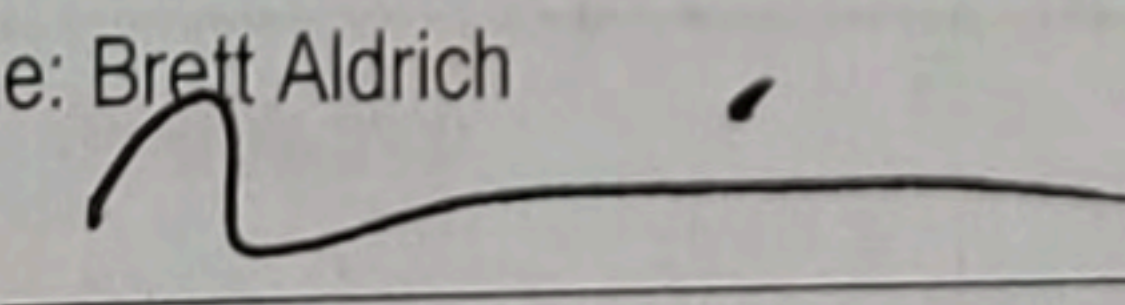
Month/Year ~~08~~ 12022 Entry Point: A

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	5:27	FENTON'S GARAGE	0.8	
2	3:37		0.8	
3	3:08		1.2	
4	3:40		1.1	
5	3:45		1.1	
6	5:50		1.0	
7	5:14		0.9	
8	5:38		0.9	
9	3:19		0.8	
10	3:20		0.8	
11	3:43		0.8	
12	3:39		1.2	
13	5:51		1.2	
14	5:45		1.1	
15	5:42		1.1	
16	3:35		1.0	
17	3:42		0.9	
18	3:15		0.9	
19	3:52		0.8	
20	5:12		0.8	
21	5:11		1.2	
22	5:38		1.1	
23	3:25		1.1	
24	3:38		1.0	
25	3:10		1.0	
26	3:21		0.9	
27	5:56		0.9	
28	5:19		0.8	
29	5:17		0.8	
30	3:15		1.2	
31	3:16		1.1	

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 Signature:  Date: 09/02/2022	Title: Water Master Phone #: (503) 871-0457	Operator Certification #: OR Small Groundwater System <input checked="" 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.