

Monthly Disinfection Report for Ground Water Systems

System Name Hopewell Water Company

PWS ID# 41 00251

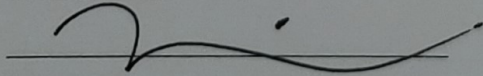
Month/Year 12 / 2022 Entry Point: A

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	FENTON'S GARAGE	1.0	
2	3:21		1.0	
3	5:12		0.9	
4	5:42		0.9	
5	5:29		0.8	
6	3:22		0.8	
7	3:39		1.2	
8	3:50		1.2	
9	3:42		1.1	
10	5:35		1.1	
11	5:14		1.0	
12	5:10		0.9	
13	3:37		0.9	
14	3:32		0.8	
15	3:42		0.8	
16	3:27		1.2	
17	5:08		1.2	
18	5:27		1.1	
19	5:21		1.1	
20	3:20		1.0	
21	3:19		1.0	
22	3:52		0.9	
23	3:40		0.9	
24	5:17		0.8	
25	5:11		1.2	
26	5:36		1.1	
27	3:10		1.1	
28	3:12		1.0	
29	3:25		1.0	
30	3:15		0.9	
31	5:30		0.9	

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 Signature:  Date: <u>01 / 02 / 2023</u>	Title: Water Master Phone #: (503) 871-0457	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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