

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

System Name Hopewell Water Company

PWS ID# 41 00251

Month/Year 03 2023 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	FENTONS GARAGE	1.1	
2	3:40		1.0	
3	3:39		1.0	
4	5:12		0.9	
5	5:36		0.8	
6	5:42		0.8	
7	3:39		1.2	
8	3:19		1.2	
9	3:22		1.1	
10	3:52		1.0	
11	5:11		1.0	
12	5:29		0.9	
13	5:17		0.9	
14	3:42		0.8	
15	3:27		0.8	
16	3:50		1.2	
17	3:20		1.2	
18	5:14		1.1	
19	5:21		1.1	
20	5:35		1.0	
21	3:25		0.9	
22	3:15		0.9	
23	3:32		0.8	
24	3:37		0.8	
25	5:08		1.2	
26	5:10		1.2	
27	5:27		1.1	
28	3:02		1.1	
29	3:41		1.0	
30	3:10		1.0	
31	3:12		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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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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<p>Printed Name: <b>BRETT ALDRICH</b></p> <p>Signature: _____</p> <p>Date: <b>04/02/2023</b></p>	<p>Title: <b>WATER MASTER</b></p> <p>Phone #: <b>(503) 871-0457</b></p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.