

[illegible]

(N = No = Excursion) **Total N's**

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<Has sample  
met the  
minimum(s)?
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County:
Clackamas

Agency: REGION 1

DISTRIBUTION

PWS ID 4100187

CLACKAMAS RIVER WATER - CLACKAMAS

Sample Period: December 2024
Month/Year

Sample Frequency: Every 6 months

Distribution Samples required: 7

Number of excursions during this Sample Period = 1

(Number of locations when any WQP was less than the minimum.)

*Note: Entry Point and Distribution
Excursions are cumulative. Add Entry
Point and Distribution Excursions to get
total for sample period.*

Reference

Minimum Water Quality Parameters as set by State:

pH 7.5

Alk	16.5	(Alkalinity)
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Print Name: Tracy Triplett

Signature: Tracy Chittell

Date: 1-8-25 503-793-3685

Send to Drinking Water Program within 10 days after end of sampling period:

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350

Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>