Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	Other	Y/N

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

<Has sample met the minimum(s)?

County: Clackamas

Agency: REGION 1

DISTRIBUTION

PWS ID 4100187

CLACKAMAS RIVER WATER - CLACKAMAS

Sample Period: ____________________
Month/Year

Sample Frequency: Every 6 months

Distribution Samples required: 7

Number of excursions during this Sample Period = ____

(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

Print Name: ____________________

Signature: ____________________

Date: ____________________

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/