



Water Quality Parameter Monitoring Form Lead & Copper Rule Corrosion Control

2nd
2024

Day	pH	Alk	Phos	Other	Y/N
1					
2	7.4		7.3		Y
3	-				
4					
5					
6	7.30		7.1		Y
7					Y
8					
9					
10	7.31		7.19		
11					
12					
13	System Period				
14	7.2		7.1		Y
15					Y
16					
17					
18					
19					
20	7.32		7.14		Y
21					Y
22					
23					
24	7.4		7.18		Y
25					Y
26					
27					
28					
29					
30	7.38		7.15		Y
31					

<<Have minimums been met for this day? **ENTRY POINT**

PWS ID: 41

System Name: _____

Entry Point: August 2024

Sample Period: Big Spruce MHC
Month/Year

Number of excursions* during this month 0
(Count the number of days when any WQP was less than the minimum required)

Total excursions during the previous 5 months: _____
(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)

For OHA use only

Minimum Water Quality Parameters as set by

pH

Alk (Alkalinity)

PO4 (Orthophosphate)

Other (_____)

Print Name: Jonae Shaughnessy

Signature: _____

Date: 9/5/24

Send to DWP within 10 days after end of sampling period

(No = N = Excursion) Total N's

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350
Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>

* 8/13/24 System maintenance done

Received Time Sep. 5. 2024 5:19PM No. 0514