



# Water Quality Parameter Monitoring Form Lead & Copper Rule Corrosion Control

Day	pH	Alk mg/L	Y/N
1			
2	7.01	41	Y
3			
4			
5			
6			
7			
8	7.01	42	Y
9			
10			
11			
12			
13			
14			
15			
16	7.02	38	Y
17			
18			
19			
20			
21			
22			
23			
24	7.02	38	Y
25			
26			
27			
28			
29			
30	7.05	45	Y
31			
Min	7.01		
Total N's			0

(No = N = Excursion)

<< Have minimums been met for this day?

## ENTRY POINT

**PWD ID: OR 4100513**

<b>System Name:</b>	<b>Medford Water Commission</b>
<b>Entry Point:</b>	<b>A</b>
<b>Sample Period:</b>	<b>March, 2021</b>

Month/Year

**Number of excursions\* during this month:**   
 (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)

**Is system in compliance?**

**Minimum Water Quality Parameters as set by State:**

**pH 6.8**

**Print Name:** Dan Perkins

**Signature:** 

**Date:** 4/1/2021

Send to DWP 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/>  
 Email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us)