



Water Quality Parameter Monitoring Form Lead & Copper Rule Corrosion Control

Day	pH	Alk mg/L	Y/N
1			
2	6.98	48	Y
3			
4			
5			
6			
7			
8			
9	6.95	51	Y
10			
11			
12			
13			
14			
15			
16			
17	6.97	48	Y
18			
19			
20			
21			
22			
23			
24	6.99	51	Y
25			
26			
27			
28			
29			
30	6.99	49	Y
31			
Min	6.95		
Total N's			0

(No = N = Excursion)

<< Have minimums been met for this day?

ENTRY POINT

PWD ID: OR 4100513

System Name:	Medford Water Commission
Entry Point:	A
Sample Period:	August, 2021

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: 9-1-21

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