

WARNING - All data does not meet minimum data approval for report (-4096)



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

| Day       | pH   | Alk<br>mg/L | Y/N |
|-----------|------|-------------|-----|
| 1         | 7.79 | 62          | Y   |
| 2         |      |             |     |
| 3         |      |             |     |
| 4         | 7.75 | 62          | Y   |
| 5         |      |             |     |
| 6         |      |             |     |
| 7         |      |             |     |
| 8         |      |             |     |
| 9         |      |             |     |
| 10        |      |             |     |
| 11        | 7.62 | 66          | Y   |
| 12        |      |             |     |
| 13        |      |             |     |
| 14        |      |             |     |
| 15        |      |             |     |
| 16        |      |             |     |
| 17        |      |             |     |
| 18        | 7.65 | 65          | Y   |
| 19        |      |             |     |
| 20        |      |             |     |
| 21        |      |             |     |
| 22        |      |             |     |
| 23        |      |             |     |
| 24        |      |             |     |
| 25        | 7.70 | 67          | Y   |
| 26        | 7.80 | 57          | Y   |
| 27        |      |             |     |
| 28        |      |             |     |
| 29        |      |             |     |
| 30        |      |             |     |
| 31        |      |             |     |
| Min       | 7.62 |             |     |
| 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>November, 2024</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:**           Matt Severloh          

**Signature:**           *Matt Severloh*          

**Date:**           12/1/2024          

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)