



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

Day	pH	Alk mg/L	Y/N
1	OFF LINE		
2			
3			
4			
5			
6			
7	7.00	33	Y
8	OFF LINE		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28	7.05	38	Y
29	OFFLINE		
30			
31			
Min	7.00		
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:** B

**Sample Period:** April, 2022

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?**  Yes

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

**pH 7**

**Print Name:** Dan Perkins

**Signature:**

**Date:** 05/04/2022

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)