

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day 1		Alk mg/L 1:nc	Y/N	<< Have minimums been met for this day?	ENTRY POINT PWD ID: OR 4100513			
3								
4 5				System Name:		Medford Water Commission		
6 7				Entry Po	oint:	В		
8								
9				Sample	Sample Period:		pril, 2023	
10							Month/Year	
11				Number of excursions* during this month: 0				
12				(Count the number of days when any WQP was less than the				
13				minimum required)				
L4				Total excursions during the previous 5 months: 0				
L5				(Over 9 excursions in 6 months is a violation. Entry Point and				
16				Distribution excursions are cumulative)				
.7							,	
18				le evetous in associtors = 2				
19				Is system in compliance? Yes				
20								
21				Minimum Water Quality				
22				Parameters as set by State:				
23					raiaiii	icters a:	s set by State:	
24								
5						рŀ	17	
16								
27	onli							
28	7.28	39	Υ					
9		Hine -	7	Print Na	me: N	Matt Sev	verloh	
0 1 4	on!	fline	ارد	Signatur	e	Mart.	w Seversh	
lin	7.28	11110		Jigilatal	·	aure	weversh	
tal I			0	Date:			05/03/2023	
		Excursion		Juic.	_			

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