



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

Day	pH	Alk mg/L	Y/N
1			
2			
3			
4			
5			
6			
7			
8	7.39	34	Y
9			
10			
11			
12			
13	7.29	32	Y
14			
15			
16			
17			
18			
19			
20			
21			
22	7.36	34	Y
23			
24			
25			
26			
27			
28	7.32	36	Y
29			
30			
31			
Min	7.29		
Total N's			<b>0</b>

<< Have minimums been met for this day?

### ENTRY POINT

**PWD ID: OR 4100513**

**System Name:** Medford Water Commission

**Entry Point:** B

**Sample Period:** August, 2023

Month/Year

**Number of excursions\* during this month:** 0  
(Count the number of days when any WQP was less than the minimum required)

**Total excursions during the previous 5 months:** 0  
(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:** Matt Severloh

**Signature:** *Matt Severloh*

**Date:** 09/05/2023

(No = N = Excursion)

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)