

## Water Quality Parameter Monitoring Form

## **Lead & Copper Rule Corrosion Control**

Day 1	рН	Alk mg/L	Y/N	<< Have minimums been met for this day?	ENTRY POINT  PWD ID: OR 4100513				
2				Uns dav:					
4				System Name:		Medford Water Commission			
5				7		Wicarora Water Commission			
7			-	Entry Point:		В			
8						-	-		
9				Sample Period:		L	/larch, 2024		
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)				
14		*		Total excursions during the previous 5 months: 0					
15		111		(Over 9 excursions in 6 months is a violation. Entry Point and					
16		>		Distribution excursions are cumulative)  Is system in compliance?  Yes					
17		)FFLIN							
18		11							
19		9							
20		Ĭ							
21					Minimum Water Quality				
22					Parameters as set by State:				
23							, 515.15		
24					pH 7				
25						μ	111 /		
26									
27									
28				Duina Al-		N 4-4-1-C	l.alı		
29				Print Na	ime:	Matt Se	everion		
30 31				Signatu	re:	matt	Swersh		
Vin									
otal I	N's	1	0	Date:			04/01/2024		

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