



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			
9			
10			
11			
12	7.69	31	Y
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29	7.88	28	Y
30			
31			
Min	7.69		
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:****May, 2025**

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:****06/01/2025**

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