



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

Day	pH	Alk mg/L	Y/N	<< Have minimums been met for this day?	
1		OFFLINE			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Min					
Total N's		0			

(No = N = Excursion)

**ENTRY POINT**

**PWD ID: OR 4100513**

System Name:	Medford Water Commission
Entry Point:	B
Sample Period:	November, 2025

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:** Matt Severloh

**Signature:**

**Date:** 12/01/2025

Send to DWP within 10 days after end of sampling period.

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350

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