



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

Day	pH	Alk mg/L	Y/N
1	7.77	58	Y
2			
3			
4	7.75	66	Y
5			
6			
7			
8			
9			
10			
11	7.68	66	Y
12			
13			
14			
15			
16			
17			
18	7.69	67	Y
19			
20			
21			
22			
23			
24			
25	7.67	65	Y
26	7.77	59	Y
27			
28			
29			
30			
31			
Min	7.67		
Total N's			0

<< Have minimums been met for this day?

## ENTRY POINT

**PWD ID: OR 4100513**

System Name:	<b>Medford Water Commission</b>	
Entry Point:	<b>C</b>	
Sample Period:	<b>November, 2024</b>	

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?**

**Minimum Water Quality  
Parameters as set by State:**

**pH 6.8**

**Print Name:**           Matt Severloh          

**Signature:**           *Matt Severloh*          

**Date:**           12/1/2024          

(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)