Health

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID#	Sample Location	рН	Alk	PO4	other	Y/N	
EP- 192	27 Intake (5/16/24)	7.84	49				<pre></pre>
	gue River (5/16/24)	7.78	28				minimums? DISTRIBUTION
(5/	st Intake & Springs 16/24)	7.93	49				PWS ID: 41 0 0 5 1 3
	27 Intake (5/31/24)	7.93	50				System Name: Medford Water
	gue River (5/31/24)	7.91	28				Commission
(5/3	st Intake & Springs 31/24)	7.93	48				Sample Period: May/2024 Month/Year
0 Ant	tillies (*Not applicable)						Sample Frequency: Monthly
	ward (*Not applicable)						Distribution Samples required:
	ther (*Not applicable)						Number of excursions during this
	enway (*Not applicable)						Sample Period = <u>0</u> (Number of locations when any WQP
_	lbrook (*Not applicable)						
_	relope (*Not applicable)						was less than the minimum.)
Sta	rdust (*Not applicable)						Tao 1000 than the minimum.
4 Ave	e. C (*Not applicable)						Note: Entry Point and Distribution
3 Gra	pe (*Not applicable)						Excursions are cumulative. Add Entry Point and Distribution Excursions to get
	nike Drive (*Not dicable)						total for sample period. For OHA use only
	ot applicable –						
The							Minimum Water Quality Parameters as set by
	es will be sampled						
_	rice the same month						pH 📮
	at our 60 lead and						Alk (Alkalinity)
	oper samples are						PO4 (Orthophosphate)
tak	en.						Other (Charlephrospirate)
							Print Name: Matt Severloh
							Signature: Math Several
	(N = No = Excur	sion)	Tota	l N's			Date: <u>6/4/2024</u>

Send to Drinking Water Program 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/