Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	other	Y/N
1	575 S 5th St	7.78	35.5			
2	575 N 8th St	7.76	34.4			

(N = No = Excursion) **Total N's** 0

<Has sample met the minimums?

DISTRIBUTION

PWS ID: 41 0 0 5 4 0

System Name: City of Monroe

Sample Period: Sept 2022
Month/Year

Sample Frequency: 2 / Year

Distribution Samples required: 2

Number of excursions during this Sample Period = ____

(Number of locations when any WQP was less than the minimum.)

Note: Entry Point and Distribution Excursions are cumulative. Add Entry Point and Distribution Excursions to get total for sample period.

For OHA use only

Minimum Water Quality Parameters as set by

pH		
Alk		*(Alkalinity)*
PO4		*(Orthophosphate)*
Other		*(________)*

Print Name: Chuck Scholz

Signature: [signature]

Date: 10-4-22

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/