

Sent 9/2/24  
 RAB 09:15am



Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	PO <sub>4</sub>	Other	Y/N
1	8.1	----	1.58		Y
2	----	----	----		----
3	----	----	----		----
4	8.2	49.0	1.64		Y
5	8.1	49.0	1.65		Y
6	8.1	----	1.68		Y
7	8.2	50.0	1.72		Y
8	8.2	----	1.78		Y
9	8.2	54.0	1.81		Y
10	----	----	----		----
11	----	----	----		----
12	8.2	----	1.68		Y
13	8.2	50.0	1.74		Y
14	8.1	70.0	1.53		Y
15	8.2	58.0	1.31		Y
16	8.2	59.0	1.35		Y
17	----	----	----		----
18	----	----	----		----
19	8.1	70.0	1.34		Y
20	8.1	62.0	1.31		Y
21	8.3	70.0	1.35		Y
22	8.3	60.0	1.34		Y
23	8.4	54.0	1.37		Y
24	8.6	56.0	1.35		Y
25	----	----	----		----
26	8.6	66.0	1.41		Y
27	8.6	----	1.44		Y
28	8.6	64.0	1.56		Y
29	8.5	----	1.54		Y
30	8.5	66.0	1.51		Y
31	----	----	----		----
(No=N=Excursion) Total N's					0

<<Have minimums been met for this day?

## ENTRY POINT

**PWS ID: 41 00551**

<b>System Name:</b>	<u>Myrtle Point, City of</u>
<b>Entry Point:</b>	<u>EP-A</u>
<b>Sample Period:</b>	<u>August 2024</u>
	<i>Month/Year</i>

**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:** \_\_\_\_\_

*(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)*

*For OHA use only*

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

pH	<b>7.5</b>	
Alk	<b>25 mg/l</b>	<i>(Alkalinity)</i>
PO <sub>4</sub>	<b>1.3 mg/L</b>	<i>(Orthophosphate)</i>
Other	-----	<i>( )</i>

**Print Name:** Ryan A. Sheraton

**Signature:** *Ryan A. S.*

**Date:** September 2, 2024

Send to Drinking Water Program within 10 days after end of sampling period.  
 OHA Drinking Water Program, P.O. Box 14350, Portland, OR 97293-0350  
 Phone: (971) 673-0405 Website: <http://healthoregon.org/dwp/>  
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