



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

Day	Sample Location	pH	Alk	PO4	Other	Y/N
1	1531 Spruce	----	----	----	----	----
2	1531 Spruce	----	----	----	----	----
3	1531 Spruce	8.2	68	2.2	----	Y
4	1531 Spruce	----	----	----	----	----
5	1531 Spruce	----	----	----	----	----
6	1531 Spruce	----	----	----	----	----
7	1531 Spruce	----	----	----	----	----
8	1531 Spruce	----	----	----	----	----
9	1531 Spruce	----	----	----	----	----
10	1531 Spruce	8.2	57	2.1	----	Y
11	1531 Spruce	----	----	----	----	----
12	1531 Spruce	----	----	----	----	----
13	1531 Spruce	----	----	----	----	----
14	1531 Spruce	----	----	----	----	----
15	1531 Spruce	----	----	----	----	----
16	1531 Spruce	----	----	----	----	----
17	1531 Spruce	8.2	48	1.6	----	Y
18	1531 Spruce	----	----	----	----	----
19	1531 Spruce	----	----	----	----	----
20	1531 Spruce	----	----	----	----	----
21	1531 Spruce	----	----	----	----	----
22	1531 Spruce	----	----	----	----	----
23	1531 Spruce	----	----	----	----	----
24	1531 Spruce	8.1	49	1.7	----	Y
25	1531 Spruce	----	----	----	----	----
26	1531 Spruce	----	----	----	----	----
27	1531 Spruce	----	----	----	----	----
28	1531 Spruce	----	----	----	----	----
29	1531 Spruce	----	----	----	----	----
30	1531 Spruce	----	----	----	----	----
31	1531 Spruce	8.0	51	1.6	----	Y
(No = N = Excursion) <b>Total N's</b>						<b>0</b>

<Has sample met the minimum(s)?

**DISTRIBUTION**

**PWS ID: 41 00551**

**System Name:** Myrtle Point, City of

**Sample Period:** October 2024  
*Month/Year*

**Sample Frequency:** Every week

**Distribution Samples required:** 1

**Number of excursions during this sample period = 0**

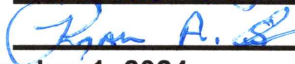
*(Number of locations when any WQP was less than the minimum.) Note: Entry Point and Distribution excursions are cumulative. Add Entry Point and Distribution Excursions to get total for sample period.*

*For OHA use only*

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

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

**Print Name:** Ryan A. Sherman

**Signature:** 

**Date:** November 1, 2024

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/>