



## 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	----	----	----	----	----
4	1531 Spruce	----	----	----	----	----
5	1531 Spruce	----	----	----	----	----
6	1531 Spruce	----	----	----	----	----
7	1531 Spruce	8.2	59	1.7	----	Y
8	1531 Spruce	----	----	----	----	----
9	1531 Spruce	----	----	----	----	----
10	1531 Spruce	----	----	----	----	----
11	1531 Spruce	----	----	----	----	----
12	1531 Spruce	----	----	----	----	----
13	1531 Spruce	----	----	----	----	----
14	1531 Spruce	8.1	42	1.3	----	Y
15	1531 Spruce	----	----	----	----	----
16	1531 Spruce	----	----	----	----	----
17	1531 Spruce	----	----	----	----	----
18	1531 Spruce	----	----	----	----	----
19	1531 Spruce	----	----	----	----	----
20	1531 Spruce	----	----	----	----	----
21	1531 Spruce	7.8	39	1.3	----	Y
22	1531 Spruce	----	----	----	----	----
23	1531 Spruce	----	----	----	----	----
24	1531 Spruce	----	----	----	----	----
25	1531 Spruce	----	----	----	----	----
26	1531 Spruce	----	----	----	----	----
27	1531 Spruce	----	----	----	----	----
28	1531 Spruce	7.9	44	1.7	----	Y
29	1531 Spruce	----	----	----	----	----
30	1531 Spruce	----	----	----	----	----
31	1531 Spruce	----	----	----	----	----

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

<Has sample met the minimum(s)?

## DISTRIBUTION

### PWS ID: 41 00551

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

**Sample Period:**      November 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:** Ryan A. Sherman

**Date:** December 2, 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/>