Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1	7.41				Y
2	7.48				Y
3	7.58				Y
4	7.54				Y
5	7.60				Y
6	7.64				Y
7	7.66				Y
8	7.68				Y
9	7.66				Y
10	7.68				Y
11	7.70				Y
12	7.61				Y
13	7.58				Y
14	7.60				Y
15	7.59				Y
16	7.63				Y
17	7.47				Y
18	7.49				Y
19	7.61				Y
20	7.60				Y
21	7.46				Y
22	7.41				Y
23	7.50				Y
24	7.35				N
25	7.31				N
26	7.40				Y
27	7.32				N
28	7.41				Y
29	7.43				Y
30	7.44				Y
31	7.46				Y

(No = N = Excursion) **Total N's** 3

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 Ø Ø 5 5 6

System Name: NETARTS WATER DISTRICT

Entry Point: Clearwell

Sample Period: OCT / 2021
Month/Year

Number of excursions* during this month:____
(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 Parameters as set by

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

Print Name: MICHAEL L TUIBRA

Signature: [signature]

Date: 11-9-21

Send to DWP 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/