Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pН	Alk	Phos	Other	Y/N	<-Have ENTRY POINT
1						minimums been met for DWS ID: 41 D D 5 6 2
2						this day?
3						Chohalem Sun Sidge Waster
4						Entry Point: 3/555 NE Canter La Sherwood ar
5						Sample Period: October 2024
6						Month/Year
7	7.8				Y	Number of excursions* during this month:
8						(Count the number of days when any WQP was
9						less than the minimum required)
10						
11						Total excursions during the previous 5 months: (Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)
12						
	7.8				X	
14						
15						For OHA use only
16						
1/						Minimum Water Quality
18						Parameters as set by
19					1/	pH 7,2
20	11.4			4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	/	Alk (Alkalinity)
21						PO4 (Orthophosphate)
22						Other (
23						
24						
25						
26					10	
27	7,6				Y	Print Name: Derek Easton
28						Signature:
29						Date: 11/1/24
30						Send to DWP within 10 days after end of
31						sampling period
10=1	I = Exc	cursion	1) Tot	al N's		

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350 Phone (971) 673-0405 Website: http://healthoregon.org/dwp/