

## Water Quality Parameter Monitoring Form

## **Lead & Copper Rule Corrosion Control**

Day	рΗ	Alk	Phos	Other	Y/N	< <have< th=""></have<>
1	OFF				OFF	I I I I I I I I I I I I I I I I I I I
2						been met for this day? PWS ID: 41 0 0 6 6 8
3						uns day:
4					Ш	System Name: Rockwood Water PUD
5						Entry Point: <u>EP-C</u>
6						Sample Period: JAN / 2024
7						Month/Year
8						Number of excursions* during this month:
9						(Count the number of days when any WQP wás
10						less than the minimum required)
11						
12						Total excursions during the previous 5 months: $\cancel{Q}$
13						(Over 9 excursions in 6 months is a violation. Entry
14						Point and Distribution excursions are cumulative )
15	V				V	For OHA use only
16	8,2				У	, o, o, s, ass siny
17	8.2					Minimum Water Quality
18	8.1					Parameters as set by
19	8.0					_
20	8.0	************				·
21	8.0				Ш	Alk (Alkalinity)
22	8.0				$ \Psi $	PO4 (Orthophosphate)
23	OFF				OFF	Other
24	8,0				Y	
25	8.0				Y	
26	8.0				Y	
27	arr				OFF	Print Name: Jay M. Breen
28	8.1				Υ	Signature:
29	OFF				OF	Date: 2 6/2024
30	OFF				OFF	
31	8.1				Y	Send to DWP within 10 days after end of sampling period
(No = N	l = Exc	ursion	) Tota	ıl N's	Ø	Sampling period

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