

[illegible]

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

<Has sample met the minimums?

DISTRIBUTION

PWS ID: 41 0 0 6 6 8

System Name: Rockwood water PWD

Sample Period: SEP./2025
Month/Year

Sample Frequency: BIANNUALLY

Distribution Samples required: 7

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

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

Print Name: Jaden Leon
Signature: [Signature]
Date: 9/10/25

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/>