

OHA

# Water Quality Parameter Monitoring Form

## Lead & Copper Rule Corrosion Control

| Day | pH | Alk | Phos | Other | Y/N | << Have<br>minimums<br>been met for<br>this day? |
|-----|----|-----|------|-------|-----|--|
| 1   | W  |     |      |       |     |  |
| 2   | e  |     |      |       |     |  |
| 3   | i  |     |      |       |     |  |
| 4   | l  |     |      |       |     |  |
| 5   |    |     |      |       |     |  |
| 6   | o  |     |      |       |     |  |
| 7   | f  |     |      |       |     |  |
| 8   | f  |     |      |       |     |  |
| 9   | f  |     |      |       |     |  |
| 10  | o  |     |      |       |     |  |
| 11  | r  |     |      |       |     |  |
| 12  |    |     |      |       |     |  |
| 13  | e  |     |      |       |     |  |
| 14  | l  |     |      |       |     |  |
| 15  | e  |     |      |       |     |  |
| 16  | c  |     |      |       |     |  |
| 17  | t  |     |      |       |     |  |
| 18  | r  |     |      |       |     |  |
| 19  | i  |     |      |       |     |  |
| 20  | c  |     |      |       |     |  |
| 21  | a  |     |      |       |     |  |
| 22  | l  |     |      |       |     |  |
| 23  |    |     |      |       |     |  |
| 24  | r  |     |      |       |     |  |
| 25  | e  |     |      |       |     |  |
| 26  | p  |     |      |       |     |  |
| 27  | a  |     |      |       |     |  |
| 28  | i  |     |      |       |     |  |
|     | r  |     |      |       |     |  |
|     | s  |     |      |       |     |  |

County: Wasco Agency: REGION 1

**Lone Pine Well**  
**ENTRY POINT**

**EP-B**

**PWS ID 41-00869**  
**THE DALLES, CITY OF**

Sample period: February 2025

Number of excursions during this month: 0

(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative). An 'excursion' is any day in which the water quality parameter(s) fall below the minimum set by the State.

**Reference**

**Minimum Water Quality  
Parameter(s) as set by the State:**

pH PO4  (Orthophosphate)(No = N = Excursion) Total N's 

Well inspected daily. Samples collected when  
well is operating at time of inspection

Print Name: Tyler Mitchell

Signature: 

Date &amp; Phone: 07-Mar-25 541-298-2248 x 5010

Send to DWP within 10 days after the end of the  
sampling period

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