ı to	Dregon 1, 1	_) (_	цс	·								_			
Ηŧ	ealth	Oregon Department of Human Services					Water Quality Parameter Monitoring Form							 ∩I	
· [`	Autoority						Leau	County: T			Agency				
								County. 1			Agency	/. Kegi			
Day	Sample Location	рН	Δlk	P04	Other	Y/N	<< Have			Distribution					
							minimums							+	
							been met		PWS ID: 41	0	0	8	9	3	
3	WWTP	7.51	48			Y	for this da	y?							
								System	Name:	Tillamook Water Dept, City					
								Comple	Period	September 2024					
							-	Sample Period September 2024 Month/Year Month/Year							
9	WWTP	7.43	47			Y						lear			
							_	Number	of excursio	ns* during this month:					
							_			n 6 months is a violation.					
										Distribution excursions are					
16	WWTP	7.54	22			Y	_			rsion' is any day in which the					
								water qu set by the		eter(s) fall below the minimum					
								set by the	State						
							_								
23	WWTP	7.36	60			Y	_								
									Minimum V	Water Quality					
									Parameters	rs as set by State:					
							_								
									pH	7.2					
30	WWTP	7.48	57			Y	-		Alk	20	(Alkali Monito				
30		7.40	57							┝─┤	////////	n nig			
														-	
								Print Na	Print Name: AJ Harmon			,			
								Signature: Artte-				+			
	(No=N=E	No=N=Excursion) Total N's			S	0		Date:	2024						
		Send	to D	HS v	vithin 1	10 day	rs after end	d of sampl	ing period						
	king Water Program, PO Bo					7293-	0350				_			_	
Phone (97	71) 673-0405 Website: http://	/healtho	rego	n.org	/dwp/									_	
				pg.	1										