


<Has sample met the minimums?

PWS ID: 41 0 1 1 2 5

System Name: MTView CO-op A

Sample Period: _____  *Month/Year*

Sample Frequency: _____ *Month/Year*

Distribution Samples required:

Number of excursions during this Sample Period =

(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 7.1

Alk	(Alkalinity)
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PO₄ (Orthophosphate)

Other ☐ ()

Print Name: Rick White

Signature: R. L. White

Date: 2-28-22

(N = No = Excursion) Total N's

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/>