

**<Has sample met the minimums?**

**System Name:** MTView CO-op A

**Sample Period:** 05-2022

Sample Frequency: weekly 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)

PO4  (Orthophosphate)

Other ☐ ( )

Print Name: Ricky White

Signature: Ry I. White

Date: 5-30-22

(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/>