

<Has sample met the minimums?			DISTRIBUTION

System Name: MTVIEW CO-OP A

Sample Frequency: Weekly *Monthly/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)
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Other ☐ ()

Print Name: Ricky White

Signature: R. J. White

Date: 1-1-2023

(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/>