

[illegible]

(N = No = Excursion) Total N's

<Has sample met the minimums?

DISTRIBUTION

PWS ID: 41 0 1 1 2 5

System Name: MTView CO-OP A

Sample Period: 07/2023

Sample Frequency: Month/Year
Weekly

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: R. J. White

Date: 7-31-2023

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/>