

[illegible]

<Has sample met the minimums?

DISTRIBUTION

PWS ID: 41 0 1 1 2 5

System Name: MTView CO-OP A

Sample Period: Sept 2023
Sample Frequency: Month/Year

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: R. J. White

Date: 9-30-2023

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 (503) 673-0125

Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>