

Water Quality Parameter Monitoring Form  
**Lead & Copper Rule Corrosion Control**

[illegible]

**<Has sample met the minimums?**

## DISTRIBUTION

PWS ID: 41 0 1 1 2 5

System Name: MTView CO-OP A

Sample Period: 12-3-2025

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. White

Date: 4-2-2025

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/>