

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: June/2025  
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: Rust-White

Date: 7-1-25

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/>