

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

ID #	Sample Location	pH	Alk	PO4	other	Y/N
3-1		7.3				
3-2		7.3				
3-5		7.5				
3-22		7.3				
3-29		7.2				

<Has sample met the minimums?

**DISTRIBUTION**

PWS ID: 41

System Name: MTview co-op B

Sample Period: MARCH 2024  
Month/Year

Sample Frequency: 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

Alk  (Alkalinity)

PO4  (Orthophosphate)

Other  (\_\_\_\_\_)

Print Name: Ricky White

Signature: R. White

Date: 4-2-24

(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/>