

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

ID #	Sample Location	pH	Alk	PO4	other	Y/N
10-24		7.4				
10-11		7.4				
10-18		7.3				
10-25		7.3				

<Has sample met the minimums? **DISTRIBUTION**

PWS ID: 41

System Name: MTview CO-op B

Sample Period: OCT/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: Rj White

Date: 11-01-2024

(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/>