

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	рН	Alk	Phos	Other	Y/N	< <have entry="" point<="" th=""></have>
1						minimums been met for
2						this day? PWS ID: 41 0 / 2 3 3
3						System Name: Dear Island Wit-
4						
5						Entry Point:
6						Sample Period: 62/2/
7						Month/Year
8	7.2				¥	Number of excursions* during this month: (Count the number of days when any WQP was less than the minimum required) Total excursions during the previous 5 months: (Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)
9						
10						
11						
12						
13						
14						
15						For OHA use only
16						
17						Minimum Water Quality
18	7.3				X	Parameters as set by
19						pH 📮
20						Alk (Alkalinity)
21						PO4 (Orthophosphate)
22						Other (Contropriospriate)
23						
24						
25						
26						
27	17					Print Name: DAVID Graham
28						Signature: Defin
29			-			Date: 3/9/2/
30						
31						Send to DWP 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/