

ID #	Sample Location	pH	Alk	PO4	other	Y/N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
12						
13	Hose Bib	7.1				Y
15						
17						
19						
21						
23						
25						
27	Hose Bib	7.2				Y
29						
30						

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

PWS ID: 41

System Name: Deer Island Waterworks

Sample Period: September 21
Month/Year

Sample Frequency: _____

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: Justin McMillan

Signature: [Signature]

Date: 9/27/21

(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/>