

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

ID #	Sample Location	pH	Alk	PO4	other	Y/N
1						
2						
3						
4						
5						
6						
7	Hox B:b	7.2				Y
14						
21	Hox B:b	7.3				Y

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

PWS ID: 41

System Name: Dear Island Waterworks

Sample Period: FEB 2022  
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: 3-1-22

(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/>