

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

ID #	Sample Location	pH	Alk	PO4	other	Y/N
11	Hose Bib	7.2				Y
25	Hose Bib	7.1				Y

(N = No = Excursion) Total N's

N

<Has sample met the minimums?



**DISTRIBUTION**

PWS ID: 41 01233

System Name: Dear Island Waterworks

Sample Period: October 2021  
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: Jessie M...

Signature: [Signature]

Date: 10/25/21

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/>