

## Water Quality Parameter Monitoring Form

## **Lead & Copper Rule Corrosion Control**

ID#	Sample Location	рН	Alk	PO4	Other	Y/N	<has sample<="" th=""><th>County: Tillamook Agency TILLAMOOK</th></has>	County: Tillamook Agency TILLAMOOK	
	4000 Blimp Blud.	7.97	388	Χ	Χ	Y	met the minimum(s)?	DISTRIBUTION	
							PWS ID 4101329 PORT OF TILLAMOOK BAY		
							Sample Perio	d: Angust 2021 Month/Year	
							1)	<pre>Month/Year  Jency: Every 36 months</pre>	
							Distribution Samples required: 1  Number of excursions during this Sample Period =O_  (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.		
							Reference	e	
								m Water Quality ters as set by State:	
								7.2 25.0 (Alkalinity)	
	(N = No = Excursion) Total N's						Print Name Signature:	: Michael Christie	
	Date: 9/3/202)								
	Send to Drinking Water Program within 10 days after end of sampling period:								

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OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350
Phone (971) 673-0405 Website: http://healthoregon.org/dwp/