

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID#	Sample Location	рН	Alk	PO4	other	Y/N	Trad darriple
			**************************************				met the minimums?
2/7	1/2017	C ~	,		1		PWS ID: 41 9 1 8 0 5
77	HEALTH ROOM	8.5					System Name: ELMEA LIGH / RLEME
			i				Sample Period: FEB Zozz Month/Year
2/14	STAFF LOUNGE	8.5	8 3	g2 a Î			Sample Frequency: WREKLY
7		100		199 (* 19	ice :	0.00	Distribution Samples required:
2/	11	02			- 	grae	Number of excursions during this
7/22	HEACTH Room	8.3			(4	2 4	Sample Period =
						9 7 4	(Number of locations when any WQP
2/28	HEALTH ROOM	8-5	7 Y 1		77 - 47 E	h.	was less than the minimum.)
	· · · · · · · · · · · · · · · · · · ·			,		5) (4)	Note: Entry Point and Distribution Excursions are cumulative. Add Entry
		E			et n	4	Point and Distribution Excursions to get
			- A		n ox		total for sample period.
		E S			18	*194	For OHA use only
	y 8						Minimum Water Quality
- 0	*	K se v					Parameters as set by
			5 , 3			-	pH 7.2
		- v 4					Alk (Alkalinity) PO4 (Orthophosphate)
							Other ()
-			De S				Print Name: Defit THIESSEN

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/