Oregon Health Authority

Water Quality Parameter Monitoring Form

# Lead & Copper Rule Corrosion Control

| DAY ~~ID#~~ | Sample Location | pH | Alk | PO4 | other | Y/N |
|---|---|---|---|---|---|---|
| 7 | | 8.5 | | | | Y |
| 14 | | 8.5 | | | | Y |
| 21 | | 8.5 | | | | Y |
| 28 | | 8.5 | | | | Y |
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(N = No = Excursion) **Total N's** 0

<Has sample met the minimums?

**DISTRIBUTION** - DO

**PWS ID: 41** 9 1 8 0 5

**System Name:** Fern Ridge Middle School / DO

**Sample Period:** 11 / 2022
Month/Year

**Sample Frequency:** _____

**Distribution Samples required:** ____

**Number of excursions during this Sample Period =** 0

*(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 | 7.8 | |
| Alk | | *(Alkalinity)* |
| PO4 | | *(Orthophosphate)* |
| Other | | ( ) |

**Print Name:** _____

**Signature:** _____

**Date:** _____

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/