

ay	рН	Alk	Phos	Other Y/N	Water Quality Parameter Monitoring Form  & Copper Rule Corrosion Contro
1	NAME OF TAXABLE PARTY.	AL DOMESTIC			minimums ENTRY POINT
2	7,60				been met for this day? PWS ID: 41 9 19 15
3					uns day:
1					System Name: Merlin (S.O.S.
5					Entry Point: Well Room
3					Sample Period: April   2025
7		- 101			Month/Year
3					Number of excursions* during this month:
9					(Count the number of days when any WQP was
10	7.52				less than the minimum required)
11					
12		936			Total excursions during the previous 5 month
13			Day.		(Over 9 excursions in 6 months is a violation. En
14					Point and Distribution excursions are cumulative
15	7,33				For OHA use only
.6					
17					Minimum Water Quality
18			-		Parameters as set by
19			-		pH 📘
20					Alk (Alkalinity)
21	7.24		-		PO4 (Orthophosphate)
22	7.36		-		Other ()
23		-			
24					- I wish was a factor of the control
25 26	-		-		
26 27		4-1	-		
28	-		-		Print Name: Keoni Cooleges
20 29	7 22	-	-	100	Print Name: Keoni Codleges  Signature: 4/29/25
<del>29</del> 30	7.33				Date: 4/29/25
		1			Send to DWP within 10 days after end of

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