Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	Temp chlor Other	Y/N
	No school / Facility closed		/			

(N = No = Excursion) **Total N's** ☐

<Has sample met the minimum(s)?

County: Lincoln Agency: LINCOLN C

DISTRIBUTION

PWS ID 4192040

EDDYVILLE CHARTER SCHOOL

Sample Period: July 2021
Month/Year

Sample Frequency: Every 6 months

Distribution Samples required: 1

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.

Reference

Minimum Water Quality Parameters as set by State:

pH 7.2

Print Name: Jason Brodes

Signature:

Date: 9-28-2021

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/