

Water Quality Parameter Monitoring Form
Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	^{Temp} Other	Y/N
------	-----------------	----	-----	-----	--------------------------	-----

<Has sample
met the
minimum(s)?

County:
Clackamas

Agency: CLACKAMA

DISTRIBUTION

PWS ID 4194670

**OREGON TRAIL SD - BORING MID
SCH**

Sample Period: November 2025
Month/Year

Sample Frequency: Every 12 months

Distribution Samples required: 1

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.

Reference

Minimum Water Quality
Parameters as set by State:

pH 7.2

Print Name: Chelsea Lincoln Lane

Signature: Chelsea

Date: 12/2/25 503 668-6442

(N = No = Excursion) Total N's

0

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/>