Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	Sili	Y/N

(N = No = Excursion) **Total N's** ☐

<Has sample met the minimums?

DISTRIBUTION

PWS ID: 41 ☐☐☐☐☐

System Name:_____

Sample period:

# of Distribution Samples required:

Number of excursions during this Sample Period:____

(Count the 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 DHS use only

Minimum Water Quality Parameters as set by State:

pH	☐	
Alk	☐	*(Alkalinity)*
PO4	☐	*(Orthophosphate)*
Sili	☐	*(Silicate)*

Print Name:_____

Signature:_____ **Date:**_____

Send to OHD within 10 days after end of sampling period

DHS-Drinking Water Program, PO Box 14350, Portland, OR 97293-0350 Phone (503) 731-4381