

Water Quality Parameter Monitoring Form
Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	other	Y/N

(N = No = Excursion) **Total N's**

<Has sample met the minimums? **DISTRIBUTION**

PWS ID: 41

System Name: _____

Sample Period: _____
Month/Year

Sample Frequency: _____

Distribution Samples required: _____

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.

For OHA use only

Minimum Water Quality Parameters as set by

pH

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/>