System Name: 
System ID#: 
Contact Person: ________________________________
Phone number: ________________________________

This report is due by January 10th and July 10th of each year for the preceding 6-month monitoring period. Results of the water quality parameter (WQP) monitoring must be attached.

Number of People Served:
- ☒ >50,000
- ☐ ≤ 50,000

Monitoring period:
- ☐ Jan – Jun _____ (year)
- ☒ Jul – Dec _____ (year)

WQP sampling frequency at: entry points: __________
distribution: __________ number of samples taken in the distribution system: __________

<table>
<thead>
<tr>
<th>Location</th>
<th>pH</th>
<th>Alkalinity (mg/L as CaCO₃)</th>
<th>Calcium (mg/L)</th>
<th>Orthophosphate (mg/L)</th>
<th>Did you deviate from assigned optimal WQPs?</th>
<th>If yes, # days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry point 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Entry point 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Entry point 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Entry point 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>DISTRIBUTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
________________________________________________________

Sign and date 
___________________________________________________________

Printed Name

Please return completed form to DOH regional office checked below.

☒ NWRO Drinking Water
Department of Health
20435 72nd Ave. S, Ste 200
Kent, WA 98032-2358
(253) 395-6750

☒ SWRO Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
(360) 236-3030

☒ ERO Drinking Water
Department of Health
16201E. Indiana Ave., Ste 1500
Spokane Valley, WA 99216
(509) 329-2100

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).