Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
3/1	7.2	.9			
3/3	7.2	.5			
3/5	7.2	.8			
3/7	7.2	.85			
3/9	7.2	.6			
3/11	7.2	.9			
3/13	7.2	.85			
3/15	7.2	.9			
3/17	7.2	.9			
3/19	7.2	.7			
3/21	7.2	.9			
3/23	7.2	.9			
3/25	7.2	.9			
3/27	7.2	.6			
3/29	7.2	.85			
3/31	7.2	.9			

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

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 0 0 0 0 4

System Name: Albany Trailer & RV Park

Entry Point: ____________________

Sample Period: March 2026

Month/Year

Number of excursions* during this month: _____

(Count the number of days when any WQP was less than the minimum required)

Total excursions during the previous 5 months: _____

(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)

For OHA use only

Minimum Water Quality Parameters as set by

pH	7.2	
Alk	0.05	*(Alkalinity)*
PO4		*(Orthophosphate)*
Other		*(____________)*

Print Name: Logan LaVigne

Signature: [signature]

Date: 3/31/2026

Send to DWP 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/