

City of Corvallis

Water Quality Parameter Monitoring Form



Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1	7.1	53			Y
2	7.2				Y
3	7.3				Y
4	7.3				Y
5	7.3				Y
6	7.5				Y
7	7.5	54			Y
8	7.4				Y
9	7.4				Y
10	7.4				Y
11	7.3				Y
12	7.3				Y
13	7.3				Y
14	OFF				
15	OFF				
16	OFF				
17	OFF				
18	OFF				
19	OFF				
20	OFF				
21	OFF				
22	OFF				
23	OFF				
24	OFF				
25	OFF				
26	OFF				
27	OFF				
28	OFF				
29	OFF				
30	7.4				Y
31	7.4				Y
(No = N = Excursion)					Total N's 0

<< Have
minimums
been met
for this day?

ENTRY POINT

PWS ID: 41

0 0 2 2 5 B

System Name:

ROCK CREEK WATER TREATMENT PLANT

Entry Point:

EP-B

Sample Period:

October/2025

Month/Year

Number of excursions* during this month: 0

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

Total excursions during the previous 5 months: 0

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

--- For DHS use only ---

**Minimum Water Quality
Parameters as set by**

pH 7.0

Alk 36 (Alkalinity)

PO4 (Orthophosphate)

Sili (Silicate)

Print Name:

Signature:

Date:

Chad Marshall
11/6/2025

Send to DHS within 10 days after end of sampling period

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