Water Quality Parameter Monitoring Form
Oregon Health Authority
Lead & Copper Rule Corrosion Control April 2025

Day	PH	Alk	Phos	Other	Y/N
1	7.5				Y
2	7.5				Y
3	7.5				Y
4	7.7				Y
5	7.7				Y
6	7.6				Y
7	7.5	40.0			Y
8	7.4				Y
9	7.3				Y
10	7.4				Y
11	7.2				Y
12	7.4				Y
13	7.5				Y
14	7.4	40.0			Y
15	7.4				Y
16	7.3				Y
17	7.2				Y
18	7.8				Y
19	7.5				Y
20	7.4				Y
21	7.3	60.0			Y
22	7.2				Y
23	7.2				Y
24	7.3				Y
25	7.2				Y
26	7.2				Y
27	7.2				Y
28	7.3	40.0			Y
29	7.2				Y
30	7.1				Y
31	#N/A				Y
Total N's					0

(No = N = Excursion)

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 4100254
System Name: City of Depoe Bay
Entry Point: A
Sample Period: Apr-25
Month/Year

Number of excursions during this month: 0
(Count the number of days when any WQP was less than the minimum required)

Number of excursions during this month: 0
(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative)

For OHA use only

Minimum Water Quality Parameter(s) as set by State:

	MIN	
pH	**7.1**	
Alk	24	(Alkalinity)
PO4		(Orthpphosphate)
Other		(_____)

Print Name: Brady Weidner
Signature:
Date: 5.5.2025
Sent to DWP within 10 days after end of sampling period.

DHS-Drinking Water Program, PO Box 14350, Portland, OR 97293-0350
Phone: (971)-673-0471 Website: www.dhs.state.or.us/publichealth/dwp/index.cfm