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

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

Month/Year

Number of excursions during this month: _____

(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: [signature]

Date: 9-8-25

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