

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

Nov 2025

Day	PH	Alk	Phos	Other	Y/N
1	7.2				Y
2	7.1				Y
3	7.1	60.0			Y
4	7.5				Y
5	7.4				Y
6	7.5				Y
7	7.2				Y
8	7.3				Y
9	7.5				Y
10	7.3	40.0			Y
11	7.5				Y
12	7.2				Y
13	7.5				Y
14	7.6				Y
15	7.6				Y
16	7.5				Y
17	7.3	40.0			Y
18	7.4				Y
19	7.2				Y
20	7.3				Y
21	7.4				Y
22	7.3				Y
23	7.1				Y
24	7.2	40.0			Y
25	7.1				Y
26	7.1				Y
27	7.1				Y
28	7.2				Y
29	7.2				Y
30	7.4				Y
31					<i>e</i>
Total N's (No = N = Excursion)					<i>e</i>

<<Have minimums
been met for this
day?

ENTRY POINT

PWS ID: 4100254

System Name: City of Depoe Bay

Entry Point: A

Sample Period: Nov-25

Month/Year

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

Number of excursions during this month: *e*
(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

(Orthophosphate)

Other

()

Print Name:

Brady Weidner

Signature:

[Signature]

Date:

11-5-2025

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