

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3	7.4				Y
4					
5					
6					
7					
8					
9					
10	7.4				Y
11					
12					
13					
14					
15					
16					
17	7.4				Y
18					
19					
20					
21					
22					
23					
24	7.4				Y
25					
26					
27					
28					
29					
30					
31	7.4				Y

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41

System Name: Chehalis Sun Ridge Water Co

Entry Point: 31555 NE Carter Lane

Sample Period: March 2024
 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
 Alk (Alkalinity)
 PO4 (Orthophosphate)
 Other (_____)

Print Name: Derek Easton
 Signature: [Signature]
 Date: May 21 2024

Send to DWP within 10 days after end of sampling period

(No = N = Excursion) Total N's

email to DWP.DMCE@odhsaha.oregon.gov