

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

County: Marion Agency: REGION 1

Date	System Status	ASR pH	ASR Alkalinity	Have minimums been met for the day?
		SU	mg/L	Y/N
7/1/2024	ON	7.63	24.5	Y
7/2/2024	ON	7.05	21.0	N
7/3/2024	ON	7.65	22.0	Y
7/4/2024	ON	7.35	23.0	Y
7/5/2024	ON	7.83	22.0	Y
7/6/2024	ON	7.45	22.0	Y
7/7/2024	ON	8.04	22.0	Y
7/8/2024	ON	7.26	24.0	Y
7/9/2024	ON	7.26	24.0	Y
7/10/2024	ON	7.62	22.0	Y
7/11/2024	ON	7.89	22.0	Y
7/12/2024	ON	7.55	23.0	Y
7/13/2024	ON	7.59	22.0	Y
7/14/2024	ON	7.70	27.0	Y
7/15/2024	ON	7.53	25.0	Y
7/16/2024	ON	7.56	22.0	Y
7/17/2024	ON	7.50	23.0	Y
7/18/2024	ON	7.51	23.0	Y
7/19/2024	ON	7.52	23.0	Y
7/20/2024	ON	7.44	24.0	Y
7/21/2024	ON	7.60	24.0	Y
7/22/2024	ON	7.42	24.0	Y
7/23/2024	ON	7.39	24.0	Y
7/24/2024	ON	7.50	25.0	Y
7/25/2024	ON	7.58	23.0	Y
7/26/2024	ON	7.57	24.0	Y
7/27/2024	ON	7.60	23.0	Y
7/28/2024	ON	7.44	24.0	Y
7/29/2024	ON	7.42	25.0	Y
7/30/2024	ON	7.30	25.0	Y
7/31/2024	ON	7.59	23.0	Y
(No=N=Excursion) Total N's				1

**ENTRY POINT**

**EP-B**

**PWS ID: 4100731**

City of Salem Public Works  
ASR Facility  
July 2024

**System name** City of Salem Public Works  
**Entry Point** ASR Facility  
**Sampling Period** July 2024

**Number of excursions during this month** 1

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

**Total excursions during the previous 5 months** 1

(over 9 excursions in six months is a violation. Entry point and distribution excursions are cumulative)

For DHS use only

**Minimum Water Quality Parameters as set by State**

pH

Alkalinity

**Print Name:** Dwayne Barnes

**Signature:**

**Date:** August 1, 2024

Send to DHS within 10 days after end of sampling period