

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
10/1/2024	OFF			
10/2/2024	OFF			
10/3/2024	OFF			
10/4/2024	OFF			
10/5/2024	OFF			
10/6/2024	OFF			
10/7/2024	OFF			
10/8/2024	OFF			
10/9/2024	OFF			
10/10/2024	OFF			
10/11/2024	OFF			
10/12/2024	OFF			
10/13/2024	OFF			
10/14/2024	OFF			
10/15/2024	OFF			
10/16/2024	OFF			
10/17/2024	off			
10/18/2024	off			
10/19/2024	off			
10/20/2024	off			
10/21/2024	off			
10/22/2024	off			
10/23/2024	off			
10/24/2024	off			
10/25/2024	off			
10/26/2024	off			
10/27/2024	off			
10/28/2024	off			
10/29/2024	off			
10/30/2024	off			
10/31/2024	OFF			
(No=N=Excursion) <b>Total N's</b>				0

<b>ENTRY POINT</b>
<b>EP-B</b>
<b>PWS ID: 4100731</b>
City of Salem Public Works
ASR Facility
October 2024

**System name**  
**Entry Point**  
**Sampling Period**

**Number of excursions during this month** 0

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


**Total excursions during the previous 5 months** 4

(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:** November 8, 2024

Send to DHS within 10 days after end of sampling period