

Day	pH	Alk	Phos	Sili	Y/N
1	7.5				Y
2	7.4				Y
3	7.5				Y
4	7.5				Y
5	7.5				Y
6	7.5				Y
7	7.6				Y
8	7.6				Y
9	7.6				Y
10	7.4				Y
11	7.6	25			Y
12	7.7				Y
13	7.6				Y
14	7.4				Y
15	7.7				Y
16	7.6				Y
17	7.5				Y
18	7.5				Y
19	7.5				Y
20	7.5				Y
21	7.5				Y
22	7.7				Y
23	7.6				Y
24	7.7	30			Y
25	7.6				Y
26	7.6				Y
27	7.7				Y
28	7.6				Y
29	7.5				Y
30	7.6				Y

<<Have
 minimums
 been met
 for this day?

ENTRY POINT

A

PWS ID 4100926

WALDPORT, CITY OF

Sample period: Nov 2025

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)

Is system in compliance? Y / N

—Reference—

Minimum Water Quality
 Parameters as set by State:

pH 7.2



(No = N = Excursion) Total N's 0

Print Name: James Ledbetter

Signature: James Ledbetter

Date: 12-3-2025

Send to OHD within 10 days after end of sampling p

Oregon Health Division, PO Box 14350, Portland, OR 97293-0350 Phone (503) 731-