



Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1	—				
2	—				
3	8.1				
4	8.0				
5	7.9				
6	7.8				
7	8.0				
8	—				
9	—				
10	7.9				
11	8.1				
12	7.9				
13	7.9				
14	8.0				
15	—				
16	—				
17	8.1				
18	8.1				
19	7.8				
20	7.7				
21	—				
22	—				
23	—				
24	8.1				
25	7.9				
26	8.0				
27	8.1				
28	—				
29	—				
30	—				
31	8.1				

<<Have
minimums
been met for
this day?

ENTRY POINT

PWS ID: 41 90541System Name: Comas Valley SchoolEntry Point: Water HouseSample Period: March 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)

For OHA use only

Minimum Water Quality
Parameters as set bypH 8Alk (Alkalinity)PO4 (Orthophosphate)Other ()Print Name: Robert GreerSignature: Robert Greer

Date: _____

Send to DWP within 10 days after end of
sampling period(No = N = Excursion) Total N's

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350

Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>



Home of the Hornets

Fax Cover Sheet

Camas Valley School District
P.O. Box 57
Camas Valley, OR 97416

Telephone: 541-445-2131 Ext. 4229

Fax: 541-445-2041

To: OHA Drinking Water Program 971-673-0458

From: rgerke@camasvalley.k12.or.us

RE: _____

2 Pages, including cover sheet

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