Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

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

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

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 9 0 5 4 1

System Name: Camas Valley School

Entry Point: Water House

Sample Period: April 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 by

pH		
Alk		*(Alkalinity)*
PO4		*(Orthophosphate)*
Other		(_____)

Print Name: Robert Gerke

Signature: [signature]

Date: 5-12-25

Send to DWP within 10 days after end of sampling period

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350
Phone (971) 673-0405 Website: http://healthoregon.org/dwp/