Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

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

Signature: Ryan King

Date: 7/1/25

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/