Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

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

(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: July/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: 8/4/25

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/