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	7.9				
4	8.0				
5	7.9				
6	~~7.8~~				
7	—				
8	7.8				
9	7.9				
10	7.9				
11	7.8				
12	8.0				
13	—				
14	—				
15	8.0				
16	7.9				
17	7.9				
18	8.0				
19	—				
20	7.9				
21	—				
22	7.9				
23	7.8				
24	7.9				
25	7.8				
26	7.8				
27	—				
28	—				
29	7.9				
30	7.9				
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: September / 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: Bryan King

Signature: Bryan King

Date: 10/9/25

Send to DWP within 10 days after end of sampling period

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