|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | pH | Alk | Phos | Other | Y/N | <<Have minimums been met for this day? | **ENTRY POINT** | | |  |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  | PWS ID: 41 | 90556 | |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  | **System Name:** | Triangle Lake High/Elem SD90 | | |  |
| 5 |  |  |  |  |  | **Entry Point:** | Pump House | | |  |
| 6 | 7.84 |  |  |  |  | **Sample Period:** | July 1st to July 31st | | |  |
| 7 |  |  |  |  |  |  | Month/Year | | |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  | **Number of excursions \* During this Month:** | | | 0 |  |
| 10 |  |  |  |  |  | (Count the number of days when an WQP was less than the minimum required) | | | |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 | 7.78 |  |  |  |  | **Total excursions during the previous 5 months:** | | | 0 |  |
| 14 |  |  |  |  |  | (over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative) | | | |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  | For OHA use Only | |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  | Minimum Water Quality Parameters as set by | |  |  |
| 20 | 7.55 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  | pH | 7.2 |  |  |
| 23 |  |  |  |  |  |  | Alk |  | (Alkalinity) |  |
| 24 |  |  |  |  |  |  | PO4 |  | (Orthophosphate) |  |
| 25 |  |  |  |  |  |  | Other |  | ( ) |  |
| 26 |  |  |  |  |  |  |  |  |  |  |
| 27 | 7.62 |  |  |  |  | **Print Name:** | Shane Benscoter | | |  |
| 28 |  |  |  |  |  | **Signature:** | |  | | --- | |  | | | | |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  | **Date:** |  | | |  |
| 31 |  |  |  |  |  |  | Send to DWP within 10 days after end of sampling period | | |  |
| (no = N = Excursion) **Total N's** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | OHS Drinking Water Program, PO Box 14350, Portland, OR 97293-0350 | | | | | | | | |  |
|  | Phone (971)673-0405 Website: http://healthoregon.org/dwp/ | | | | | | | | |  |