Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4					
5					
6					
7					
8	7.4				Y
9					
10					
11					
12					
13					
14					
15	7.4				Y
16					
17					
18					
19					
20					
21					
22	7.4				Y
23					
24					
25					
26					
27					
28					
29	7.5				Y
30					
31					

(No = N = Excursion) **Total N's** 0

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 9 1 8 0 5

System Name: Elmira High / Elementary

Entry Point: Pump House

Sample Period: January 2025
Month/Year

Number of excursions* during this month: 0
(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	7.2	
Alk		*(Alkalinity)*
PO4		*(Orthophosphate)*
Other		(_____)

Print Name: Daniel Pruteman

Signature: [signature]

Date: 2.3.25

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/