Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

ID #	Sample Location	pH	Alk	PO4	Other (Temp chlor)	Y/N
9/1	Rm. 26	7.4	/	63.0	3.4	Y
9/2		7.5	/	62.8	3.2	Y
9/7		7.5	/	65.1	2.6	Y
9/8		7.5	/	64.9	1.8	Y
9/9		7.6	/	63.5	2.4	Y
9/13		7.9	/	64.4	1.4	Y
9/14		8.0	/	65.7	1.4	Y
9/15		7.4	/	62.4	1.0	Y
9/16		7.8	/	60.3	1.0	Y
9/20		8.0	/	63.3	0.8	Y
9/21		7.7	/	64.6	0.8	Y
9/22		7.7	/	65.5	1.0	Y
9/22		7.7	/	64.6	1.0	Y
9/28		8.2	/	63.5	1.4	Y
9/29		8.2	/	62.4	1.6	Y

(N = No = Excursion) **Total N's** Ø

<Has sample met the minimum(s)?

County: Lincoln Agency: LINCOLN C

DISTRIBUTION

PWS ID 4192040

EDDYVILLE CHARTER SCHOOL

Sample Period: September 2021
Month/Year

Sample Frequency: Every 6 months

Distribution Samples required: 1

Number of excursions during this Sample Period = ____

(Number of locations when any WQP was less than the minimum.)

Note: Entry Point and Distribution Excursions are cumulative. Add Entry Point and Distribution Excursions to get total for sample period.

Reference

Minimum Water Quality Parameters as set by State:

pH 7.2

Print Name: Jason Brooks

Signature:

Date: 10-6-2021

Send to Drinking Water Program 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/