

OCT 08 2024

Certification Drinking Water Services

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4					
5	6.9		1.41		N
6					
7					
8	6.9		1.36		N
9					
10					
11					
12	6.9		1.26		N
13					
14					
15					
16					
17					
18					
19	6.9		1.18		N
20					
21					
22					
23	6.9		1.17		N
24					
25					
26					
27					
28					
29	6.9		1.14		N
30					
31					

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 **93711**

System Name: **CORVALLIS WALDORF SCHOOL**

Entry Point: **A - BOILER ROOM DIST.**

Sample Period: **August 2024**
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

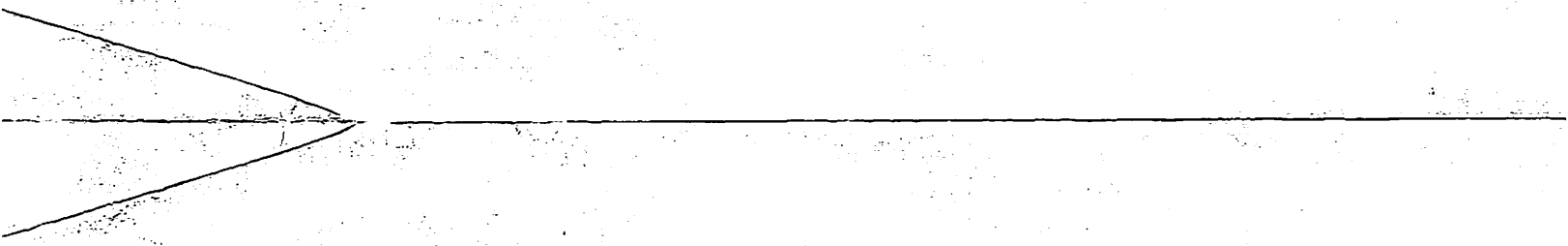
Minimum Water Quality Parameters as set by

pH	7	
Alk		(Alkalinity)
PO4	1	(Orthophosphate)
Other		(_____)

Print Name: **Jeff Cygan**
Signature: _____
Date: **9.9.24**

Send to DWP within 10 days after end of sampling period

(No = N = Excursion) Total N's **31**



OCT 08 2007

RECEIVED