Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

RECEIVED
APR 03 2025
Certification Drinking Water Services

ENTRY POINT

PWS ID: 41 9 3 7 1 1

System Name: CORVALLIS WALDORF SCHOOL

Entry Point: A - BOILER ROOM DIST.

Sample Period: March 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

Day	pH	Alk	Phos	Other	Y/N	<<Have minimums been met for this day?
1						
2						
3						
4						
5						
6	7.8		1.83		Y	
7						
8						
9						
10						
11	7.8		1.89		Y	
12						
13						
14	7.8		1.86		Y	
15						
16						
17	7.8		1.71		Y	
18						
19						
20	7.8		1.71		Y	
21						
22						
23						
24	7.8		1.74		Y	
25						
26	7.8		1.78		Y	
27						
28						
29						
30						
31	7.8		1.74		Y	

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

Minimum Water Quality Parameters as set by

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

Print Name: Jeff Cygan

Signature: _____

Date: 3.31.25

Send to DWP within 10 days after end of sampling period