

RECEIVED
JUL 08 2025
Certification Drinking Water Services

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3	7.8		1.60		Y
4					
5					
6	7.8		1.61		Y
7					
8					
9					
10					
11	7.6		1.66		Y
12					
13					
14					
15					
16	7.7		1.67		Y
17					
18					
19	7.7		1.64		Y
20					
21					
22					
23	7.8		1.69		Y
24					
25					
26					
27	7.8		1.67		Y
28					
29					
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: **June 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

Minimum Water Quality
Parameters as set by

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

Print Name: **Jeff Cogan**
Signature: _____
Date: **7.1.25**

Send to DWP within 10 days after end of
sampling period

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

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Handwritten signature/initials

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MAY 19 1952
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