

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

<<Have minimums been met for this day?

County: Linn Agency: LINN COUNTY

ENTRY POINT
EP-A
PWS ID 4194865
EASTGATE CENTER

Sample period: _____
 Month/Year

Number of excursions during this month: _____

(Over 9 excursions in 6 months is a violation. Entry Point and Distribution excursions are cumulative). An 'excursion' is any day in which the water quality parameter(s) fall below the minimum set by the State.

Reference

Minimum Water Quality Parameter(s) as set by State:

pH

Print Name: _____

Signature: *[Signature]*

Date & Phone#: _____

Send to DWP within 10 days after end of sampling period

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

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350
 Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>

* Data reading is potentially faulty. Analyzer system was reporting unusual results.

