

Water Quality Parameter Monitoring Form
Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4					
5					
6					
7	7.9				
8					
9					
10					
11					
12					
13					
14	7.9				
15					
16					
17					
18					
19					
20	8.0				
21					
22					
23					
24					
25					
26					
27					
28	7.8				
29					
30					
31					

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

<<Have

minimums
been met for
this day?

ENTRY POINT

PWS ID: 41 95379

System Name: Emerald Christian Academy

Entry Point: _____

Sample Period: July 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 7.2
Alk (Alkalinity)
PO4 (Orthophosphate)
Other ()

Print Name: Doug Gayler

Signature: Doug Gayler

Date: 7-20-2025

Send to DWP 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/>