365

Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

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JAN 04 2024
Certification
Drinking Water Services

ENTRY POINT

PWS ID: 41 [ ][ ][ ][ ][ ]

System Name: Periwinkle Mobile Estate

Entry Point: Well

Sample Period: 12-2023
Month/Year

<<Have minimums been met for this day?

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4					
5	7.4				Y
6					
7					
8					
9					
10					
11	7.2				Y
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27	7.4				Y
28					
29					
30					
31					

(No = N = Exc sion) Total N's 2

Number of excursions* during this month: 1

(Count the number of days when any WQP was less than the minimum required)

Total excursions during the previous 5 months: 2

(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	7.1	
Alk		(Alkalinity)
PO4		(Orthophosphate)
Other		( )

Print Name: Gregory Attrell

Signature:

Date: 1-1-2024

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/