

RECEIVED
DEC 12 2024
Certification Drinking Water Services

Day	pH	Alk	Phos	Other	Y/N
1	7.3				
2					
3	7.3				
4					
5	7.2				
6	7.3				
7					
8	7.2				
9					
10	7.4				
11	7.4				
12					
13	7.4				
14					
15	7.4				
16					
17	7.4				
18	7.4				
19					
20	7.3				
21					
22	7.4				
23					
24	7.2				
25					
26	7.2				
27	7.2				
28					
29	7.1				
30					
31	7.3				

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41

System Name: Periwinkle Mobile Estate

Entry Point: Well

Sample Period: 11-2024

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: Greg Attrell

Signature: Greg Attrell

Date: 12-01-2024

Send to DWP within 10 days after end of sampling period

*No = N = Excursion) Total N's 10