

RECEIVED
JAN 06 2025

Certification Drinking Water Services

Day	pH	Alk	Phos	Other	Y/N
1	7.3				
2					
3					
4					
5	7.5				
6					
7					
8	7.3				
9					
10					
11	7.4				
12					
13					
14					
15	7.3				
16					
17					
18					
19					
20	7.5				
21					
22					
23					
24	7.4				
25					
26					
27					
28	7.3				
29					
30					
31					

<<Have
minimums
been met for
this day?

ENTRY POINT

PWS ID: 41

☐ ☐ ☐ ☐ ☐

System Name: Periwinkle Mobile Estate

Entry Point: Well

Sample Period: Dec 2024

Month/Year

Number of excursions* during this month: 0

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

Total excursions during the previous 5 months: 0

(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: 01-01-2025

Send to DWP within 10 days after end of sampling period

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

OHA Drinking Water Program, PO Box 14350, Portland, OR 97293-0350

Phone (971) 673-0405 Website: <http://healthoregon.org/dwp/>