

)ay	рН	Alk	Phos	Other	Y/N	< <have< th=""></have<>				
1	7.2				4	minimums been met for this day? System Name: Periwin Kla Mobile Est Entry Point: Well Sample Period: 04-20-35 Monthy rear				
2										
3	7.2				:-					
4										
5	7.3									
<u>S</u>			4							
	7.3									
}	- 1					Number of excursions* during this month:				
)						(Count the number of days when any WQP was less than the minimum required)				
0	7.4									
1										
2	7.4					Total excursions during the previous 5 month (Over 9 excursions in 6 months is a violation. En Point and Distribution excursions are cumulative —For OHA use only Minimum Water Quality Parameters as set by pH 7, Z Alk (Alkalinity) PO4 (Orthophosphate) Other (
3										
4	7.3									
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16										
	7.3				-					
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22			-=							
23	7.									
24 25	7.3									
26		,				Water and the second second				
7	7.3									
8						Print Name: Carrer Affire //				
9	7.1			Prints		Signature: 2 Attribut				
0	7.4					Date: 05-01-2025				
31	7.1	44.	486	7		Send to DWP within 10 days after end of				
11	7.4	No.				sampling period				

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