

RECEIVED
JUL 07 2025
Certification Drinking Water Services

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

Month/ year

Number of excursions* during this month: 2

(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 7.2

Alk _____ (Alkalinity)

PO4 _____ (Orthophosphate)

Other _____ (_____)

Print Name: Greg Attrell

Signature: Greg Attrell

Date: 07-01-2025

Send to DWP within 10 days after end of sampling period

*No = N = Excursion) Total N's

2