

RECEIVED
 NOV 04 2024
 Certification Drinking Water Services

Day	pH	Alk	Phos	Other	Y/N
	7.61				
2					
3					
4					
5					
6					
7					
8					
9	7.38				
10					
11					
12					
13					
14					
15					
16	7.77				
17					
18					
19					
20					
21					
22					
23					
24	7.38				
25					
26					
27					
28					
29					
30	7.36				
31					

<<Have minimums been met for this day? **ENTRY POINT**

PWS ID: 41

System Name: Merlin (S.O.S.A.)

Entry Point: Well Room

Sample Period: October / 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 (Alkalinity)

Alk (Orthophosphate)

PO4 (_____)

Other

Print Name: Keoni Gallegos

Signature: [Signature]

Date: 10/30/24

Send to DWP within 10 days after end of sampling period

(No = N = Excursion) Total N's