Oregon Health Authority

Water Quality Parameter Monitoring Form

Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1					
2					
3					
4	7.5				
5					
6					
7					
8					
9					
10					
11	7.41				
12					
13					
14					
15					
16					
17					
18	7.44				
19					
20					
21					
22					
23					
24					
25	7.40				
26					
27					
28					
29					
30					
31					

(No = N = Excursion) **Total N's** ☐

<<Have minimums been met for this day?

ENTRY POINT

PWS ID: 41 9 4 7 6 5

System Name: Becklin Holdings

Entry Point: EP-A

Sample Period: August 2025
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		
Alk		*(Alkalinity)*
PO4		*(Orthophosphate)*
Other		(_____)

Print Name: Carmell Bassoni

Signature: Carmell Bassoni

Date: 8/25/2025

Send to DWP within 10 days after end of sampling period

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