

Water Quality Parameter Monitoring Form Lead & Copper Rule Corrosion Control

Day	pH	Alk	Phos	Other	Y/N
1	Holiday				
2	7.52				
3					
4					
5					
6					
7					
8	7.52				
9					
10					
11					
12					
13					
14					
15	7.36				
16					
17					
18					
19					
20					
21					
22	7.43				
23					
24					
25					
26					
27					
28					
29	7.43				
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
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System Name: Becklin Holdings

Entry Point: EP-A

Sample Period: September 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:

9/29/2025

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/>