

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: Jan, 21

System Name: Bridge Water District ID#: 41 00552 WTP: TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day ¹ [NTU]	Min. Cl2 Residual at 1st User [ppm or mg/L]
1					0.6			0.2
2					0.9		Stop Production	0.2
3					1.3		No Production	0.2
4					1.4		No Production	0.2
5					1.4		No Production	0.2
6					1.3		No Production	0.2
7				1.0			No Production	.4
8					1.0			.6
9					1.0			.8
10			0.9					.6
11					1.0			0.4
12			1.0					0.2
13				0.9	0.7			0.2
14			0.9					0.3
15					1.0			0.3
16			1.0					0.2
17					0.8			0.2
18				0.6				0.2
19			0.6					0.2
20				0.5				0.2
21					0.3			0.2
22				0.3				0.2
23				0.3				0.2
24					0.3			0.2
25				0.3				0.2
26					0.3			0.2
27				0.3				0.3
28					0.4			0.3
29					0.6			0.2
30			0.9	0.7				0.2
31					0.9			0.2

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>All Cl2 residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Monthly UV Summary (circle Yes or No)</p> <p>Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>PRINTED NAME: ERNIE NEWTON</p> <p>SIGNATURE: <i>Ernie Newton</i></p> <p>PHONE #: (541) 572-5877</p> <p>DATE: 2-2-21</p> <p>CERT #: 2674</p>

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

County: Coos
 Month/Year: Jan 21
 WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

Minimum Dose requirement: 186 mJ/cm²

Date	Minimum Dose Indicator Light	All Lamps On?	Daily Water Produced (A)	Water outside Validated Conditions (B)	Cumulative % Off-Spec Water Produced
	[green or red]	[Y or N]	[gal]	[gal]	(Mo. Sum (B)) + (Mo. Sum (A)) * [%]
1			15636		
2			14656		
3			0		
4			0		
5			0		
6			0		
7			0		
8			12051		
9			11211		
10			12825		
11			13151		
12			11277		
13			14916		
14			14592		
15			9668		
16			8760		
17			8699		
18			10399		
19			10003		
20			8922		
21			11084		
22			7679		
23			8243		
24			10116		
25			5766		
26			6593		
27			6166		
28			5824		
29			7525		
30			6261		
31			13678		
Monthly Cumulative % Off-Spec Water Produced ³					

³ If ≥ 5% of total water produced is off-spec., notify DWS within 24 hours.

Return by 10th of following month by email, fax or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350