

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **COOS**

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: **4-21**

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 <sup>1</sup> [NTU]	Min. Cl <sub>2</sub> Residual at 1st User [ppm or mg/L]
1					0.5			0.2
2					0.5			0.2
3				0.3				0.2
4					0.3			0.2
5			0.2					0.3
6			0.2					0.2
7					0.2			0.2
8					0.2			0.2
9					0.2			0.2
10					0.2			0.2
11					0.2			0.2
12			0.2					0.2
13			0.2					0.2
14					0.2			0.2
15						0.2		0.2
16					0.3			0.2
17					0.2			0.2
18					0.2			0.2
19			0.2					0.2
20			0.2					0.2
21					0.2			0.2
22					0.2			0.2
23				0.2				0.2
24					0.3			0.2
25					0.2			0.2
26					0.2			0.2
27					0.2			0.2
28			0.2					0.2
29					0.2			0.2
30					0.2			0.2
31								

**Slow Sand/Membrane/DE Filtration/Unfiltered**

95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  No

**Monthly Summary (Answer Yes or No)**

All Cl<sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l?  Yes /  No

**Monthly UV Summary (circle Yes or No)**

Was the volume of off-spec water produced less than 5% for the month?  Yes /  No

PRINTED NAME: **Ernie Newton**

SIGNATURE: *Ernie Newton*

DATE: **5-5-21**

PHONE #: **(541) 522-5872**

CERT #: **2674**

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

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

County: Coos

Month/Year: 4-21

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

Minimum Dose requirement: 186 mJ/cm<sup>2</sup>

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			8261		
2			8951		
3			9186		
4			8722		
5			9065		
6			9774		
7			9600		
8			9492		
9			9752		
10			9546		
11			8939		
12			9749		
13			9122		
14			9960		
15			10240		
16			9842		
17			8025		
18			8620		
19			8111		
20			8503		
21			9703		
22			8480		
23			10926		
24			10779		
25			11235		
26			9661		
27			10035		
28			11006		
29			10655		
30			10982		
31					
Monthly Cumulative % Off-Spec Water Produced <sup>3</sup>					

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

Return by 10<sup>th</sup> 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