

CHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: May 2021

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. Cl ₂ Residual at 1st User [ppm or mg/L]
1					0.2			0.2
2					0.3			0.2
3					0.3			0.2
4				0.2				0.2
5					0.3			0.2
6					0.3			0.3
7					0.2			0.2
8			0.2					0.2
9					0.2			0.2
10					0.1			0.2
11					0.1			0.2
12			0.2					0.2
13					0.1			0.2
14				0.1				0.2
15					0.1			0.3
16					0.1			0.3
17			0.1					0.3
18			0.1					0.3
19					0.1			0.2
20					0.1			0.2
21			0.1					0.2
22					0.1			0.2
23					0.1			0.2
24				0.2				0.2
25					0.3			0.2
26				0.3				0.2
27				0.3				0.2
28				0.3				0.2
29					0.2			0.2
30						0.2		0.3
31								

<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 #: (571) 577-5877</p> <p>DATE: 6-9-21</p> <p>CERT #: 2671</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.

OH A - Drinking Water Services - Surface Water Quality Data Form

County: Coos

Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

Month/Year: 05/21

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			11025	1	
2			11640		
3			6153		
4			10251		
5			8936		
6			8765		
7			9021		
8			10515		
9			11006		
10			8911		
11			8437		
12			10006		
13			9616		
14			8177		
15			11558		
16			10220		
17			12890		
18			7649		
19			6164		
20			5423		
21			6907		
22			6768		
23			6111		
24			7426		
25			13955		
26			12762		
27			13372		
28			14366		
29			13160		
30			14109		
31					
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