

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: COOS
 Month/Year: 8-21

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. Cl ₂ Residual at 1st User [ppm or mg/L]
1					0.0		0.0	0.2
2					0.0			0.3
3					0.1			0.3
4				0.0				0.2
5					0.0			0.2
6					0.1			0.2
7			0.0					0.2
8				0.0				0.2
9			0.0					0.2
10				0.0				0.2
11					0.0			0.2
12					0.1			0.2
13					0.1			0.3
14					0.1			0.2
15				0.0				0.2
16					0.0			0.2
17					0.0			0.3
18				0.1				0.2
19			0.0					0.2
20			0.0					0.2
21			0.1					0.2
22					0.0			0.2
23					0.1			0.3
24					0.0			0.2
25				0.0				0.2
26					0.1			0.3
27				0.1				0.2
28				0.0				0.3
29					0.0			0.2
30					0.1			0.2
31				0.0				0.3

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual measurements at entry point \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All daily turbidity readings \leq 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
Monthly UV Summary (circle Yes or No)	PRINTED NAME: ERNEE NEWBORN	
Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	SIGNATURE: [Signature]	DATE: 9-9-21
	PHONE #: (541) 572-5877	CERT #: 2674

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.

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County: Coos

Slow Sand Filtration with UV *Giardia*/*Crypto* Disinfection

Month/Year: 8-21

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			10761		
2			10023		
3			11684		
4			11103		
5			10614		
6			12099		
7			10556		
8			9066		
9			12725		
10			13686		
11			12824		
12			13126		
13			12868		
14			11289		
15			10611		
16			10019		
17			10525		
18			11686		
19			12769		
20			13854		
21			9228		
22			10504		
23			11366		
24			10957		
25			11222		
26			10655		
27			11097		
28			10097		
29			11611		
30			10934		
31			11237		
Monthly Cumulative % Off-Spec Water Produced ³					

271584
66089
2781937
66620
284855
52504
29101061
42449
294350
38309
298181
63932
304574
43738
308948

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