

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

County: COOS
 Month/Year: 9-21

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	
2							0.0	0.2
3							0.1	0.2
4							0.1	0.2
5							0.0	0.2
6							0.1	0.2
7							0.1	0.2
8							0.1	0.2
9							0.1	0.2
10							0.0	0.2
11							0.0	0.2
12							0.0	0.3
13							0.1	0.2
14							0.0	0.3
15							0.1	0.2
16							0.1	0.2
17							0.0	0.2
18							0.0	0.2
19							0.1	0.2
20							0.2	0.2
21							0.0	0.2
22							0.3	0.2
23							0.2	0.2
24							0.1	0.2
25							0.0	0.2
26							0.1	0.2
27							0.0	0.2
28							0.0	0.2
29							0.0	0.2
30							0.1	0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="checkbox"/> Yes / No	PRINTED NAME: <u>Eddie Newton</u> SIGNATURE: <u>Eddie Newton</u> PHONE #: <u>(541) 572 5877</u> DATE: <u>10-9-21</u> CERT #: <u>2674</u>

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: 9/21
 WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

Minimum Dose requirement: 186 mJ/cm²

Date	Minimum Dose Indicator Light [green or red]	All Lamps On? [Y or N]	Daily Water Produced {A} [gal]	Water outside Validated Conditions {B} [gal]	Cumulative % Off-Spec Water Produced
					(Mo. Sum {B}) ÷ (Mo. Sum {A}) * [%]
1			9675		
2			10162		
3			9462		
4			8991		
5			10911		
6			9566		
7			8961		
8			8522		
9			7485		
10			9392		
11			10029		
12			9603		
13			10669		
14			10453		
15			10772		
16			11699		
17			9907		
18			10533		
19			10961		
20			10760		
21			10511		
22			11040		
23			9327		
24			10350		
25			9966		
26			10809		
27			10215		
28			10966		
29			10206		
30			9448		
31					
Monthly Cumulative % Off-Spec Water Produced ³					

3000221
 324324
 308620
 3230177
 3411442

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