

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 10-21

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							0.2	0.2
2							0.2	0.2
3							0.1	0.3
4							0.2	0.2
5							0.1	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							0.0	0.2
13							0.1	0.2
14							0.0 0.1	0.3
15							0.0	0.3
16							0.0	0.2
17							0.1	0.2
18							0.1	0.2
19							0.1	0.2
20							0.0	0.2
21							0.0	0.2
22							0.0	0.3
23							0.0	0.4
24							0.0	0.4
25							0.0	0.4
26							0.1	0.4
27							0.1	0.3
28							0.0	0.2
29							0.0	0.2
30							0.1	0.2
31							0.1	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 / <input type="checkbox"/> No		PRINTED NAME: ERALIE NEWTON SIGNATURE: <i>Eralie Newton</i> DATE: 11-9-21 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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 Slow Sand Filtration with UV *Giardia*/*Crypto* Disinfection

County: Coos

Month/Year: 10-21

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			8392		
2			7921		
3			9265		
4			8011		
5			9831		
6			8066		
7			6730		
8			10442		
9			8455		
10			6222		
11			7321		
12			7009		
13			6549		
14			6122		
15			6587		
16			5990		
17			6331		
18			5566		
19			4968		
20			5779		
21			11097		
22			12365		
23			10942		
24			9985		
25			12517		
26			11655		
27			8209		
28			8642		
29			8368		
30			7601		
31			7996		
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