

OHA - Drinking Water Services - Surface Water Quality Data Form

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: COOS

Month/Year: 3-22

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							0.3	
2							0.8	
3							1.2	
4								
5								
6								
7								
8							0.3	
9							0.3	
10							0.3	
11							0.3	
12							0.3	
13							0.2	
14							0.2	
15							0.2	
16							0.3	
17							0.3	
18							0.2	
19							0.3	
20							0.3	
21							0.2	
22							0.2	
23							0.2	
24							0.3	
25							0.3	
26							0.3	
27							0.3	
28							0.3	
29							0.2	
30							0.2	
31							0.2	

NO PRODUCTION

<p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings <math>\leq</math> 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings <math>\leq</math> 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>All Cl<sub>2</sub> residual measurements at entry point <math>\geq</math> 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No</p>	<p>PRINTED NAME: ERNIE NEWBORN</p> <p>SIGNATURE: <i>Ernie Newborn</i></p> <p>PHONE #: (541) 572-5877</p> <p>DATE: 4-8-22</p> <p>CERT #: 2674</p>

<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: 3-22  
 WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

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			8761		
2			9142		
3			5116		
4	No PRODUCTION				
5					
6					
7			13684		
8			14399		
9			12965		
10			13732		
11			12914		
12			9922		
13			8629		
14			10488		
15			9945		
16			8611		
17			11279		
18			11942		
19			11638		
20			12923		
21			9927		
22			12064		
23			9842		
24			10043		
25			8661		
26			9267		
27			10899		
28			9103		
29			11079		
30			11538		
31			10114		
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