

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 6-22

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 ¹ [NTU]	Min. Cl ₂ Residual at 1st User [ppm or mg/L]
1							0.3	0.2
2							0.3	0.2
3							0.3	0.2
4							0.3	0.2
5							0.5	0.2
6							0.5	0.2
7							0.3	0.2
8							0.3	0.2
9							0.3	0.2
10							0.2	0.2
11							0.2	0.2
12							0.5	0.2
13							0.9	0.3
14							0.7	0.3
15							0.5	0.3
16							0.3	0.3
17							0.2	0.2
18							0.2	0.2
19							0.2	0.2
20							0.2	0.2
21							0.5	0.2
22							0.6	0.2
23							0.4	0.2
24							0.3	0.3
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	0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Monthly UV Summary (circle Yes or No)	PRINTED NAME: <u>Ernie Newton</u>	
Was the volume of off-spec water <input checked="" type="radio"/> Yes / <input type="radio"/> No	SIGNATURE: <u>Ernie Newton</u>	DATE: <u>7-8-2022</u>
	PHONE #: <u>(541) 572-5877</u>	CERT #: <u>2674</u>

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: 6-22
 WTP ID: A

System Name: Bridge Water District ID# 41- 00552

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			9919		
2			9123		
3			10111		
4			11422		
5			8621		
6			9145		
7			11610		
8			8113		
9			9366		
10			9616		
11			7024		
12			12951		
13			14501		
14			11220		
15			12614		
16			9828		
17			9495		
18			10175		
19			10651		
20			8662		
21			9155		
22			11993		
23			9368		
24			8766		
25			10003		
26			8323		
27			8511		
28			8844		
29			11520		
30			12240		
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