

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

County: COOS
 Month/Year: 9-22

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

Slow Sand/Membrane/DE Filtration/Unfiltered
 95% of daily turbidity readings ≤ 1 NTU? ² Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)
 All Cl₂ residual measurements at entry point ≥ 0.2 mg/l? Yes / No

Monthly UV Summary (circle Yes or No)
 Was the volume of off-spec water produced less than 5% for the month? Yes / No

PRINTED NAME: ERNIE NEWTON
 SIGNATURE: [Signature] DATE: 10-10-2022
 PHONE #: (541) 572-5977 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.

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

County: Coos
 Month/Year: 9-22
 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			10625		
2			11255		
3			10002		
4			9265		
5			9755		
6			10311		
7			8558		
8			9263		
9			7116		
10			8133		
11			9555		
12			8694		
13			8592		
14			11441		
15			10023		
16			12312		
17			11860		
18			9336		
19			12967		
20			11243		
21			12894		
22			10946		
23			10084		
24			11614		
25			9123		
26			10015		
27			8993		
28			10676		
29			10811		
30			9764		
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