

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

County: COOS
 Month/Year: 10-22

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							0.1	0.2
2							0.1	0.2
3							0.1	0.2
4							0.1	0.3
5							0.1	0.3
6							0.1	0.3
7							0.1	0.2
8							0.1	0.2
9							0.2	0.2
10							0.2	0.2
11							0.1	0.2
12							0.1	0.2
13							0.1	0.2
14							0.1	0.2
15							0.1	0.3
16							0.1	0.3
17							0.1	0.2
18							0.2	0.2
19							0.2	0.3
20							0.2	0.3
21							0.2	0.2
22							0.1	0.2
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							0.1	0.2
30							0.1	0.2
31							0.1	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual measurements at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings \leq 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 produced less than 5% for the month? <input checked="" type="radio"/> Yes / <input type="radio"/> No	SIGNATURE: <u>Ernie Newton</u>	DATE: <u>11-9-2022</u>
	PHONE #: <u>(511) 3-72-5872</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.

- Drinking Water Services - Surface Water Quality Data Form

County: Coos

Sand Filtration with UV *Giardia/Crypto* Disinfection

Month/Year: 10-22

Plant 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			10,224		
2			11,369		
3			9,461		
4			12,155		
5			10,400		
6			9,123		
7			10,001		
8			11,774		
9			9,037		
0			10,514		
1			7,411		
2			8,617		
3			8,063		
4			8,914		
5			7,264		
6			10,149		
7			9,322		
8			7,969		
9			5,611		
0			5,647		
1			7,411		
2			10,872		
3			12,251		
4			11,066		
5			12,760		
6			12,276		
7			9,422		
8			11,874		
9			10,766		
0			9,744		
1			8,223		
Monthly Cumulative % Off-Spec Water Produced ³					

% of total water produced is off-spec., notify DWS within 24 hours.

Return by 10th of following month by email, fax or mail to:

dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350