

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

County: COOS  
 Month/Year: 2-23

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	0.2
2							0.2	0.2
3							0.3	0.2
4							0.3	0.3
5							0.3	0.3
6							0.3	0.2
7							0.3	0.2
8							0.3	0.2
9							0.3	0.2
10							0.3	0.2
11							0.3	0.2
12							0.3	0.2
13							0.3	0.2
14							0.3	0.2
15							0.3	0.2
16							0.3	0.2
17							0.3	0.2
18							0.3	0.2
19							0.3	0.2
20							0.2	0.2
21							0.2	0.2
22							0.3	0.2
23							0.7	0.2
24							0.6	0.2
25							0.5	0.2
26							0.6	0.2
27							0.8	0.2
28								
29								
30								
31								

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> All Cl <sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
<b>Monthly UV Summary (circle Yes or No)</b> Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes / <input type="radio"/> No		PRINTED NAME: <u>Sarah Newton</u> SIGNATURE: <u>[Signature]</u> DATE: <u>3-8-2023</u> PHONE #: <u>(541) 572-5877</u> CERT #: <u>2674</u>	

<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: 2-23

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			13339		
2			15917		
3			14476		
4			13925		
5			13687		
6			15291		
7			15003		
8			13001		
9			14993		
10			12652		
11			13766		
12			12613		
13			15111		
14			9488		
15			12388		
16			10356		
17			11491		
18			9800		
19			9642		
20			10019		
21			12377		
22			13501		
23			9151		
24			6869		
25			10410		
26			9226		
27			11577		
28			10429		
29					
30					
31					
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