

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

County: COOS
 Month/Year: ~~5-10-23~~
 WTP: TP - A 4/23

System Name: Bridge Water District ID#: 41 00552

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							0.7	0.2
2							0.7	0.2
3							0.7	0.3
4							0.8	0.2
5							0.8	0.2
6							0.7	0.3
7							0.7	0.2
8							0.6	0.2
9							0.5	0.2
10							0.6	0.3
11							0.6	0.3
12							0.5	0.2
13							0.5	0.3
14							0.5	0.2
15							0.5	0.2
16							0.5	0.2
17							0.5	0.2
18							0.5	0.2
19							0.5	0.2
20							0.5	0.2
21							0.4	0.3
22							0.4	0.3
23							0.4	0.3
24							0.5	0.2
25							0.4	0.2
26							0.4	0.2
27							0.4	0.2
28							0.4	0.2
29							0.4	0.2
30							0.4	0.3
31								

Slow Sand/Membrane/DE Filtration/Unfiltered
 95% of daily turbidity readings ≤ 1 NTU? 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: Ernest Newton
 SIGNATURE: *[Signature]*
 PHONE #: (541) 522-5877
 DATE: 5-10-23
 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

System Name: Bridge Water District

ID# 41- 00552

County: Coos

Month/Year: 4-23

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			11677		
2			8551		
3			12051		
4			9266		
5			7867		
6			8142		
7			11611		
8			11718		
9			9975		
10			10334		
11			12896		
12			8999		
13			13502		
14			11212		
15			13741		
16			9324		
17			8398		
18			10514		
19			9021		
20			8561		
21			6200		
22			9400		
23			6671		
24			8944		
25			12088		
26			11631		
27			7821		
28			6066		
29			9001		
30			7057		
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

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