

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 7/23

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 ¹ [NTU]	Min. Cl ₂ Residual at 1st User [ppm or mg/L]
1							0.2	0.2
2							0.3	0.2
3							0.3	0.2
4							0.2	0.2
5							0.2	0.3
6							0.3	0.3
7							0.3	0.3
8							0.4	0.2
9							0.4	0.3
10							0.3	0.3
11							0.2	0.2
12							0.2	0.2
13							0.2	0.2
14							0.2	0.2
15							0.2	0.3
16							0.2	0.3
17							0.2	0.3
18							0.2	0.3
19							0.3	0.2
20							0.3	0.2
21							0.3	0.2
22							0.2	0.2
23							0.2	0.2
24							0.2	0.2
25							0.2	0.2
26							0.3	0.2
27							0.3	0.3
28							0.3	0.2
29							0.2	0.2
30							0.3	0.2
31							0.3	0.2

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)	
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: ERNIE NEWTON	DATE: 8-8-23
		SIGNATURE: <i>[Signature]</i>	CERT #: 2624
		PHONE #: (541) 572-5872	

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.

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Slow Sand Filtration with UV *Giardia*/*Crypto* Disinfection

County: Coos

Month/Year: 7/23

System 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			12625		
2			14900		
3			13066		
4			15221		
5			14733		
6			11600		
7			9842		
8			7111		
9			10038		
10			15761		
11			14537		
12			13901		
13			14577		
14			11355		
15			17004		
16			15099		
17			13044		
18			12089		
19			14587		
20			12879		
21			15844		
22			14932		
23			13333		
24			15273		
25			13918		
26			12924		
27			14770		
28			10642		
29			13880		
30			12009		
31			13319		
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