

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

County: COOS
 Month/Year: 8-23

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

| | |
|---|---|
| Slow Sand/Membrane/DE Filtration/Unfiltered 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 | Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <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: <u>ERNIE NEWTON</u> SIGNATURE: <u>[Signature]</u> PHONE #: <u>(541) 522-5877</u> DATE: <u>10-3-2023</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.

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: 8-23

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 | | | 16 446 | | |
| 2 | | | 12 243 | | |
| 3 | | | 17 001 | | |
| 4 | | | 11 976 | | |
| 5 | | | 14 255 | | |
| 6 | | | 11 201 | | |
| 7 | | | 15 855 | | |
| 8 | | | 12 355 | | |
| 9 | | | 14 611 | | |
| 10 | | | 13 464 | | |
| 11 | | | 12 291 | | |
| 12 | | | 11 655 | | |
| 13 | | | 16 446 | | |
| 14 | | | 17 613 | | |
| 15 | | | 13 906 | | |
| 16 | | | 16 221 | | |
| 17 | | | 11 908 | | |
| 18 | | | 14 900 | | |
| 19 | | | 11 112 | | |
| 20 | | | 15 394 | | |
| 21 | | | 14 254 | | |
| 22 | | | 12 993 | | |
| 23 | | | 17 699 | | |
| 24 | | | 14 766 | | |
| 25 | | | 16 333 | | |
| 26 | | | 13 454 | | |
| 27 | | | 14 116 | | |
| 28 | | | 10 896 | | |
| 29 | | | 16 332 | | |
| 30 | | | 11 706 | | |
| 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