

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

County: COOS  
 Month/Year: 12-23

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

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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 <sub>2</sub> 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>Erin Newton</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1-3-24</u> PHONE #: <u>(571) 572-5022</u> CERT #: <u>2624</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: 12-23

WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

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			14698		
2			12291		
3			9642		
4			15877		
5			13909		
6			16200		
7			11682		
8			12554		
9			10738		
10			13228		
11			15289		
12			11302		
13			13351		
14			10350		
15			13307		
16			12429		
17			12292		
18			16802		
19			13936		
20			14383		
21			12760		
22			9233		
23			15696		
24			13321		
25			10006		
26			9400		
27			16734		
28			14390		
29			16363		
30			14202		
31			15004		
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