

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

County: COOS
 Month/Year: 1-24

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							0.3	0.2
2							0.3	0.3
3							0.2	0.3
4							0.2	0.3
5							0.2	0.3
6							0.2	0.3
7							0.3	0.3
8							0.4	0.3
9							0.7	0.3
10							0.7	0.3
11							0.8	0.3
12							0.7	0.3
13							0.6	0.3
14							0.6	0.2
15							0.6	0.2
16							0.9	0.2
17							0.9	0.3
18							1.2	0.3
19				NO PRODUCTION				0.3
20				NO PRODUCTION				0.2
21				NO PRODUCTION				0.3
22							0.9	0.3
23							0.9	0.2
24							0.8	0.2
25							0.8	0.2
26							0.9	0.3
27							0.7	0.3
28							0.9	0.3
29							0.9	0.3
30							0.8	0.3
31							0.8	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>		Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <u>Yes/No</u>	
Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <u>Yes/No</u>		PRINTED NAME: <u>Ernie Newton</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-8-24</u> PHONE #: <u>(541) 672-5877</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.

25 225829

OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

County: Coos
 Month/Year: 1-24
 WTP ID: A

System Name: Bridge Water District ID# 41- 00552

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			9715		
2			11622		
3			8766		
4			9123		
5			10311		
6			8757		
7			9125		
8			11611		
9			14390		
10			16240		
11			11114		
12			14222		
13			16001		
14			10498		
15			15560		
16			9220		
17			13332		
18			15114		
19			0		
20			0		
21			0		
22			13649		
23			10996		
24			15122		
25			12876		
26			14218		
27			13904		
28			14902		
29			16588		
30			14077		
31			12318		
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350