

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

County: COOS
 Month/Year: 2-24

WTP: TP - A

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

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings \leq 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 \geq 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 Newland</u> SIGNATURE: <u>Ernie Newland</u> PHONE #: (541) 572-5877 DATE: 3-3-24 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

County: Coos

Month/Year: 2-24

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] ¹	(Mo. Sum {B}) + (Mo. Sum {A}) * [%]
1			12 366		
2			14 551		
3			13 906		
4			12 677		
5			16 303		
6			14 222		
7			13 501		
8			15 279		
9			12 366		
10			14 599		
11			13 332		
12			16 791		
13			17 090		
14			15 318		
15			13 994		
16			16 621		
17			15 905		
18			14 808		
19			16 737		
20			15 229		
21			16 308		
22			12 942		
23			11 990		
24			13 762		
25			14 221		
26			79 87		
27			85 43		
28			11 362		
29			92 49		
30					
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