

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 3-24

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

| | |
|---|---|
| <p>Slow Sand/Membrane/DE Filtration/Unfiltered</p> <p>95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> | <p>Monthly Summary (Answer Yes or No)</p> <p>All Cl₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> |
| <p>Monthly UV Summary (circle Yes or No)</p> <p>Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> | <p>PRINTED NAME: ERNIE NEWELL</p> <p>SIGNATURE: <i>Ernie Newell</i></p> <p>PHONE #: (541) 572-5877</p> <p>DATE: 4-10-24</p> <p>CERT #: 2674</p> |

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: 3-24

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 | | | 13890 | | |
| 2 | | | 14500 | | |
| 3 | | | 12503 | | |
| 4 | | | 11319 | | |
| 5 | | | 15001 | | |
| 6 | | | 10420 | | |
| 7 | | | 13538 | | |
| 8 | | | 11243 | | |
| 9 | | | 13660 | | |
| 10 | | | 12243 | | |
| 11 | | | 13870 | | |
| 12 | | | 11418 | | |
| 13 | | | 15007 | | |
| 14 | | | 10322 | | |
| 15 | | | 13840 | | |
| 16 | | | 11922 | | |
| 17 | | | 15027 | | |
| 18 | | | 10024 | | |
| 19 | | | 14383 | | |
| 20 | | | 17845 | | |
| 21 | | | 14430 | | |
| 22 | | | 16222 | | |
| 23 | | | 12600 | | |
| 24 | | | 15390 | | |
| 25 | | | 13510 | | |
| 26 | | | 13409 | | |
| 27 | | | 11216 | | |
| 28 | | | 14028 | | |
| 29 | | | 12428 | | |
| 30 | | | 15967 | | |
| 31 | | | 13360 | | |
| 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; Drinking Water Services, PO Box 14350, Portland, OR 97293-0350