

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

County: COOS  
 Month/Year: 4-24

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 <sup>1</sup> [NTU]	Min. Cl <sub>2</sub> Residual at 1st User [ppm or mg/L]
1							0.3	0.2
2							0.3	0.2
3							0.2	0.2
4							0.2	0.2
5							0.2	0.3
6							0.2	0.2
7							0.3	0.3
8							0.3	0.3
9							0.2	0.2
10							0.2	0.2
11							0.2	0.2
12							0.2	0.2
13							0.3	0.3
14							0.3	0.2
15							0.3	0.2
16							0.3	0.2
17							0.2	0.2
18							0.2	0.2
19							0.2	0.3
20							0.3	0.2
21							0.3	0.2
22							0.3	0.2
23							0.3	0.2
24							0.3	0.2
25							0.4	0.3
26							0.4	0.2
27							0.4	0.2
28							0.3	0.2
29							0.2	0.2
30							0.2	0.2
31								

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>Ernie Newton</u> SIGNATURE: <u>[Signature]</u> PHONE #: <u>(541) 572-5877</u> DATE: <u>6-2-24</u> CERT #: <u>2674</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: 4-24  
 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			13680		
2			11245		
3			15900		
4			12316		
5			13243		
6			14302		
7			11696		
8			16707		
9			14804		
10			12333		
11			14254		
12			13698		
13			12383		
14			14006		
15			14707		
16			13791		
17			12429		
18			14327		
19			13062		
20			15829		
21			11334		
22			14428		
23			13720		
24			10984		
25			14316		
26			15279		
27			16007		
28			12704		
29			14877		
30			15473		
31					
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