

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

County: COOS  
 Month/Year: 5-24

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 <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							0.5	0.2
4							0.6	0.2
5							1.1	0.2
6							0.9	0.2
7							0.9	0.2
8							0.9	0.2
9							0.8	0.2
10							0.6	0.2
11							0.6	0.3
12							0.4	0.3
13							0.4	0.3
14							0.4	0.2
15							0.4	0.2
16							0.4	0.2
17							0.4	0.2
18							0.4	0.2
19							0.4	0.2
20							0.4	0.2
21							0.4	0.2
22							0.3	0.2
23							0.3	0.2
24							0.3	0.2
25							0.3	0.2
26							0.3	0.2
27							0.3	0.2
28							0.2	0.2
29							0.2	0.3
30							0.2	0.3
31							0.2	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>Ernie Newton</u> SIGNATURE: <u>[Signature]</u> DATE: <u>6-7-24</u> PHONE #: <u>(541) 572-5077</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: 5/24  
 WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			12 222		
2			11 694		
3			11 023		
4			13 599		
5			14 283		
6			11 515		
7			12 664		
8			10 920		
9			12 727		
10			13 501		
11			13 820		
12			10 008		
13			8 221		
14			13 499		
15			12 272		
16			14 820		
17			12 661		
18			12 494		
19			14 333		
20			13 767		
21			13 004		
22			11 192		
23			14 289		
24			15 887		
25			13 977		
26			14 909		
27			15 623		
28			13 864		
29			14 186		
30			15 101		
31			14 243		
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