

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

County: COOS

Month/Year: 7-24

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							0.2	0.2
2							0.2	0.2
3							0.1	0.2
4							0.1	0.3
5							0.1	0.2
6							0.1	0.2
7							0.2	0.2
8							0.2	0.2
9							0.1	0.2
10							0.1	0.2
11							0.1	0.2
12							0.1	0.3
13							0.1	0.2
14							0.1	0.2
15							0.1	0.2
16							0.1	0.2
17							0.1	0.2
18							0.1	0.2
19							0.1	0.2
20							0.2	0.2
21							0.1	0.2
22							0.1	0.3
23							0.1	0.3
24							0.2	0.3
25							0.1	0.3
26							0.1	0.3
27							0.1	0.2
28							0.1	0.2
29							0.1	0.2
30							0.1	0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered

95% of daily turbidity readings ≤ 1 NTU?² Yes / No
 All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

All Cl₂ residual measurements at entry point ≥ 0.2 mg/l? Yes / No

Monthly UV Summary (circle Yes or No)

PRINTED NAME: ERNIE NEWKOW

Was the volume of off-spec water produced less than 5% for the month? Yes / No

SIGNATURE: [Signature]

DATE: 7-2-24

PHONE #: (511) 572-5877

CERT #: 2624

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 <i>Giardia</i>/<i>Crypto</i> Disinfection	County: Coos Month/Year: 7-24 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			12 096		
2			13 467		
3			14 501		
4			11 624		
5			12 001		
6			13 964		
7			12 788		
8			14 773		
9			8 021		
10			7 725		
11			12 461		
12			10 111		
13			13 414		
14			10 927		
15			14 034		
16			12 117		
17			13 519		
18			12 132		
19			11 007		
20			9 642		
21			10 483		
22			12 619		
23			14 228		
24			16 195		
25			14 038		
26			12 796		
27			10 100		
28			15 492		
29			12 614		
30			11 121		
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