

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

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 <sup>1</sup> [NTU]	Min. Cl <sub>2</sub> Residual at 1st User [ppm or mg/L]
1							0.1	0.2
2							0.1	0.2
3							0.1	0.2
4							0.1	0.2
5							0.1	0.3
6							0.1	0.3
7							0.1	0.3
8							0.1	0.2
9							0.1	0.2
10							0.1	0.2
11							0.1	0.2
12							0.1	0.2
13							0.1	0.2
14							0.1	0.3
15							0.1	0.2
16							0.1	0.2
17							0.1	0.2
18							0.1	0.2
19							0.1	0.3
20							0.1	0.2
21							0.1	0.3
22							0.1	0.3
23							0.1	0.3
24							0.1	0.3
25							0.1	0.3
26							0.1	0.3
27							0.1	0.3
28							0.1	0.3
29							0.1	0.3
30							0.1	0.2
31							0.1	0.2

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <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><b>Monthly Summary (Answer Yes or No)</b></p> <p>All Cl<sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>Monthly UV Summary (circle Yes or No)</b></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: <u>Ernie Stewart</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: _____</p> <p>PHONE #: <u>(541) 572-0877</u> CERT #: <u>2674</u></p>

<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.

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County: Coos

Slow Sand Filtration with UV *Giardia*/*Crypto* Disinfection

Month/Year: 7-24

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			13689		
2			12237		
3			11912		
4			13222		
5			11879		
6			12432		
7			13876		
8			10080		
9			11106		
10			14988		
11			13307		
12			12612		
13			14941		
14			13327		
15			10867		
16			13952		
17			11169		
18			10289		
19			14467		
20			12394		
21			13502		
22			12834		
23			10995		
24			14840		
25			15292		
26			13601		
27			11202		
28			16616		
29			14007		
30			15634		
31			14429		
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