

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 8-24

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							0.1	0.2
2							0.1	0.2
3							0.1	0.2
4							0.1	0.2
5							0.2	0.2
6							0.1	0.3
7							0.1	0.2
8							0.1	0.2
9							0.1	0.3
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	0.3
16							0.1	0.2
17							0.1	0.2
18							0.1	0.3
19							0.2	0.3
20							0.1	0.5
21							0.1	0.6
22							0.1	0.5
23							0.1	0.7
24							0.1	0.6
25							0.1	0.5
26							0.1	0.6
27							0.1	0.7
28							0.1	0.6
29							0.1	0.5
30							0.1	0.6
31								

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / 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 / No	PRINTED NAME: ERNIE Newton SIGNATURE: ERNIE Newton DATE: 9-9-24 PHONE #: (541) 572-5877 CERT #: 2674

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: 8-24
 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			12240		
2			12234		
3			14012		
4			11141		
5			12766		
6			14870		
7			10299		
8			13501		
9			12695		
10			8642		
11			12528		
12			14499		
13			9771		
14			13454		
15			14019		
16			11581		
17			10750		
18			13622		
19			12383		
20			9739		
21			11350		
22			10791		
23			11109		
24			10021		
25			8822		
26			13366		
27			11983		
28			12719		
29			8101		
30			10944		
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