

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

County: COOS

Month/Year: 9-24

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	0.3
3							0.1	0.3
4							0.1	0.3
5							0.1	0.3
6							0.1	0.4
7							0.1	0.4
8							0.1	0.7
9							0.1	0.7
10							0.1	1.0
11							0.1	1.2
12							0.1	1.4
13							0.1	1.4
14							0.1	1.3
15							0.1	1.3
16							0.1	1.3
17							0.1	1.3
18							0.1	1.3
19							0.1	1.3
20							0.1	1.2
21							0.1	1.2
22							0.1	1.4
23							0.1	0.9
24							0.1	1.0
25							0.1	0.9
26							0.1	0.6
27							0.1	0.4
28							0.1	0.2
29							0.1	0.2
30							0.1	0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <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 UV Summary (circle Yes or No)	PRINTED NAME: ERIC NEWTON	
Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes / <input type="radio"/> No	SIGNATURE: Eric Newton	DATE: 10-10-24
	PHONE #: (541) 672-5877	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

County: Coos

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

Month/Year: 9-24

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			11664		
2			10221		
3			13966		
4			11283		
5			9211		
6			14899		
7			11501		
8			9377		
9			14006		
10			8242		
11			9021		
12			15896		
13			10222		
14			15873		
15			13660		
16			15001		
17			13289		
18			10900		
19			8644		
20			13371		
21			12420		
22			7642		
23			9377		
24			8808		
25			12310		
26			10373		
27			17245		
28			7669		
29			10098		
30			8552		
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