

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **COOS**

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: **Oct-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							0.10	0.30
2							0.10	0.30
3							0.10	0.30
4							0.10	0.30
5							0.10	0.30
6							0.10	0.20
7							0.10	0.20
8							0.10	0.20
9							0.10	0.20
10							0.10	0.30
11							0.10	0.30
12							0.10	0.30
13							0.10	0.20
14							0.10	0.20
15							0.10	0.20
16							0.10	0.20
17							0.10	0.20
18							0.10	0.20
19							0.10	0.30
20							0.10	0.23
21							0.10	0.20
22							0.10	0.20
23							0.10	0.20
24							0.10	0.30
25							0.10	0.20
26							0.10	0.20
27							0.10	0.20
28							0.10	0.20
29							0.10	0.20
30							0.10	0.20
31							0.10	0.30

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b> All daily turbidity readings ≤ 5 NTU? <b>Yes</b>		<b>Monthly Summary (Answer Yes or No)</b> All Cl <sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l? <b>Yes</b>	
<b>Monthly UV Summary (circle Yes or No)</b> Was the volume of off-spec water produced less than 5% for the month? <b>Yes</b>		<b>PRINTED NAME: Earnie Newton</b> <b>SIGNATURE:</b> <i>Earnie Newton</i> <b>DATE: 11/12/2024</b> <b>PHONE #: (541) 572-5877</b> <b>CERT #: 2674</b>	

<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.

<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>		County: Coos
<b>Slow Sand Filtration with UV <i>Giardia</i>/<i>Crypto</i> Disinfection</b>		Month/Year: Oct-24
System Name: <u>Bridge Water District</u>	ID# 41- <u>00552</u>	WTP ID: <u>A</u>

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			10800		
2			11700		
3			8550		
4			13950		
5			13500		
6			8100		
7			9900		
8			9000		
9			8976		
10			11424		
11			11016		
12			9384		
13			9792		
14			12240		
15			7344		
16			9792		
17			8556		
18			10044		
19			8184		
20			8184		
21			6696		
22			13020		
23			8184		
24			8928		
25			5952		
26			9396		
27			9396		
28			8700		
29			9048		
30			7308		
31			8004		
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:**  
 dpw.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350