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

County: coos Month/Year: Oct-24

CERT #: 2674

System Name:	Bridge W	ater Distri	ict	ID#: 41	00552		WTP: TP-	Α
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. Cl2 Residual at 1s User [ppm or mg/L]
1							0.10	0.30
2							0.10	0.30
3							0.20	0.30
4							0.20	0.30
5							0.20	0.30
6							0.30	0.20
7							0.30	0.20
8							0.30	0.20
9							0.30	0.20
10							0.40	0.30
11							0.40	0.30
12							0.40	0.30
13							0.50	0.20
14							0.50	0.30
15							0.50	0.30
16							0.40	0.40
17							0.70	0.40
18							0.70	0.40
19							0.70	0.40
20							0.80	0.40
21							0.90	0.40
22							NO PRODUCTION	0.40
23							NO PRODUCTION	0.40
24							NO PRODUCTION	0.40
25							NO PRODUCTION	0.40
26							NO PRODUCTION	0.30
27							NO PRODUCTION	0.30
28							0.90	0.40
29							0.90	0.40
30							0.90	0.40
31								
Slow Sand/Membrane/DE Filtration/Unfiltered			ered	Monthly Summary (Answer Yes or No)				
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> Yes  All daily turbidity readings ≤ 5 NTU? Yes				All Cl2 residual measurements at entry point ≥ 0.2 mg/l?				
Monthly	UV Summ	ary (circle	Yes or N	o)	PRINTED	NAME: E	rnie Newton	
Was the volume of off-spec water Yes					SIGNATU	DE.	is at	DATE: 11/5/2024

Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

produced less than 5% for the month?

PHONE #: (541) 572-5877

OHA - Drinking Water Services - Surface Water Quality Data Form	ınty: <sub>Coos</sub>
Slow Sand Filtration with UV Giardia/Crypto Disinfection Month/Y	ear: Nov-24

System Name: Bridge Water District WTP ID: A ID# 41- 00552

Minimum Dose requirement: 186 mJ/cm<sup>2</sup>

Date	Minimum Dose Indicator Light	All Lamps On?	Daily Water Produced <b>{A}</b>	Water outside Validated Conditions <b>{B}</b>	Cumulative % Off-Spec Water Produced	
	[green or red]	[YorN]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) *	
1			8496			
2			9204			
3			6726			
4			10974			
5			10620			
6			6372			
7			7788			
8			7080			
9			12936			
10			16464			
11			15876			
12			13524			
13			14112			
14			17640			
15			10584			
16			14112			
17			13938			
18			16362			
19			13332			
20			13332			
21			10908			
22						
23						
24						
25						
26		NO PRO				
27		NO PRO	ODUCTION			
28			15150			
29			15756			
30			12726			
31						
	Monthly Cumulative % Off-Spec Water Produced $^3$					

 $<sup>^3</sup>$  If  $\ge 5\%$  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