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

County: COOS
Month/Year: Dec-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. Cl2 Residual at 1st User [ppm or mg/L]
1							0.40	0.20
2							0.40	0.30
3							0.50	0.30
4							0.40	0.30
5							0.40	0.30
6							0.30	0.30
7							0.30	0.30
8							0.30	0.20
9							0.30	0.20
10							0.30	0.30
11							0.30	0.30
12							0.30	0.30
13							0.30	0.30
14							0.30	0.30
15							0.30	0.40
16							0.30	0.40
17							0.30	0.30
18							0.50	0.30
19							0.50	0.30
20							0.50	0.20
21							0.60	0.20
22							0.60	0.20
23							0.60	0.30
24							0.70	0.30
25							0.70	0.30
26							0.70	0.50
27							0.60	0.50
28							0.60	0.50
29							0.90	0.50
30							NO PRODUCTION NO PRODUCTION	
31							NO PRODUCTION	
Slow Sand/Membrane/DE Filtration/Unfiltered			Monthly Summary (Answer Yes or No)					
95% of daily turbidity readings ≤ 1 NTU? ² YES					All Cl2 residual measurements at YES			
All daily tur	ngs ≤ 5 NT	U?	YES	entry point ≥ 0.2 mg/l?				
Monthly	Monthly UV Summary (circle Yes or No)				PRINTED NAME: Ernie Newton			
Was the volume of off-spec water produced less than 5% for the month?					SIGNATURE: FRNIE NEW +000			DATE: 1/9/2025
								CERT #: 2674

¹ 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. 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:	Dec-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			12960		
2			14040		
3			10260		
4			16740		
5			16200		
6			9720		
7			11880		
8			10800		
9			12540		
10			15960		
11			15390		
12			13110		
13			13680		
14			17100		
15			10260		
16			13680		
17			11040		
18			12960		
19			10560		
20			10560		
21			8640		
22			16800		
23			10560		
24			11520		
25			7680		
26			12960		
27			12960		
28			12000		
29			12480		
30	NO PRODUCTION		0		
31	NO PRODUCTION NO PRODUCTION		0		
	Monthl	y Cumulative	e % Off-Spec Wa	ater Produced 3	

 $^{^{3}}$ If \geq 5% of total water produced is off-spec., notify DWS within 24 hours.

Return by 10 th 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