

## OHA - Drinking Water Services - Surface Water Quality Data Form

County:

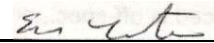
COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year:

Apr-25

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							0.90	0.20
2							0.90	0.20
3							0.80	0.20
4							0.80	0.30
5							0.70	0.30
6							0.80	0.30
7							0.70	0.30
8							0.70	0.30
9							0.70	0.30
10							0.70	0.40
11							0.60	0.30
12							0.60	0.30
13							0.50	0.30
14							0.50	0.30
15							0.40	0.30
16							0.40	0.40
17							0.40	0.40
18							0.40	0.40
19							0.40	0.40
20							0.40	0.40
21							0.40	0.40
22							0.40	0.40
23							0.40	0.30
24							0.40	0.30
25							0.50	0.30
26							0.50	0.30
27							0.40	0.30
28							0.40	0.30
29							0.40	0.40
30							0.30	0.40
31								

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>				<b>Monthly Summary (Answer Yes or No)</b>			
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <b>Yes</b>				All Cl <sub>2</sub> residual measurements at entry point $\geq$ 0.2 mg/l? <b>Yes</b>			
All daily turbidity readings $\leq$ 5 NTU? <b>Yes</b>							
<b>Monthly UV Summary (circle Yes or No)</b>				<b>PRINTED NAME: Ernie Newton</b>			
Was the volume of off-spec water produced less than 5% for the month? <b>Yes</b>				<b>SIGNATURE:</b> 		<b>DATE: 5/8/2025</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 may correspond to continuous readings' maximum. <sup>2</sup> Filtered system

<b>OHA - Drinking Water Services - Surface Water Quality Data Form</b>		<b>County:</b> Coos
<b>Slow Sand Filtration <u>with</u> UV <i>Giardia</i>/<i>Crypto</i> Disinfection</b>		<b>Month/Year:</b> Apr-25
<b>System Name:</b> <u>Bridge Water District</u>	<b>ID# 41-</b> <u>00552</u>	<b>WTP ID:</b> <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			14400		
2			15600		
3			11400		
4			18600		
5			18000		
6			10800		
7			13200		
8			12000		
9			12936		
10			16464		
11			15876		
12			13524		
13			14112		
14			17640		
15			10584		
16			14112		
17			11040		
18			12960		
19			10560		
20			10560		
21			8640		
22			16800		
23			10560		
24			11520		
25			7680		
26			12636		
27			12636		
28			11700		
29			12168		
30			9828		
31					
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:**  
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350