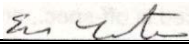


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: **COOS**
 Month/Year: **Feb-26**

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							0.50	0.20
2							0.50	0.20
3							0.50	0.30
4							0.50	0.30
5							0.60	0.30
6							0.60	0.30
7							0.60	0.30
8							0.60	0.30
9							0.70	0.30
10							0.80	0.30
11							No Production	
12								
13							No Production	
14						0.90		
15						0.90	0.30	
16						0.90	0.30	
17						0.90	0.30	
18						0.90	0.30	
19						0.90	0.30	
20						0.80	0.20	
21						0.80	0.30	
22						0.80	0.30	
23						0.90	0.30	
24						0.80	0.30	
25						0.90	0.30	
26						0.90	0.30	
27							No Production	
28								
29								
30								
31								

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 entry point ≥ 0.2 mg/l?	Yes
All daily turbidity readings ≤ 5 NTU? Yes		
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? Yes	SIGNATURE: 	3/9/2026
	PHONE #: (541) 572-5877	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
		Month/Year: Feb-26
System Name: <u>Bridge Water District</u>		WTP ID: <u>A</u>
ID# 41- 00552		

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]	$(\text{Mo. Sum } \{B\}) \div (\text{Mo. Sum } \{A\}) * 100$ [%]
1			13680		
2			14820		
3			10830		
4			17670		
5			17100		
6			10260		
7			12540		
8			11400		
9			12672		
10			16128		
11		No Production			
12		No Production			
13					
14			17280		
15			10368		
16			13824		
17			12972		
18			15228		
19			12408		
20			12408		
21			10152		
22			19740		
23			12408		
24			13536		
25			9024		
26			14418		
27		No Production			
28		No Production			
29					
30					
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