

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: March 2021

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					0.7	0.7		0.3
2						0.6		0.4
3						0.6		0.3
4					0.6			0.3
5					0.6			0.3
6						0.6		0.3
7					0.5			0.2
8					0.6			0.2
9				0.5				0.2
10					0.5			0.3
11					0.5			0.3
12						0.5		0.2
13					0.6			0.3
14					0.5			0.3
15						0.7		0.2
16					0.7			0.2
17					0.7			0.2
18				0.7				0.2
19				0.7				0.2
20					0.8			0.2
21					0.8			0.3
22					0.8			0.3
23					0.8			0.2
24						0.8		0.2
25					0.9			0.2
26			0.9		0.8			0.2
27					0.8			0.2
28					0.7			0.3
29				0.7				0.2
30					0.6			0.2
31					0.6			0.2

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
<b>Monthly UV Summary (circle Yes or No)</b>		PRINTED NAME: ERNIE NEWTON	
Was the volume of off-spec water produced less than 5% for the month?	Yes / No	SIGNATURE: <i>Ernie Newton</i>	DATE: 3-9-21
		PHONE #: (541) 572-5872	CERT #: 2624

<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.



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Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

Month/Year: 3/21

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			14673		
2			15097		
3			16609		
4			10511		
5			7594		
6			7860		
7			7606		
8			6121		
9			6814		
10			10016		
11			11946		
12			10563		
13			12059		
14			12266		
15			10827		
16			12918		
17			12046		
18			9873		
19			11315		
20			10555		
21			9764		
22			10231		
23			10966		
24			9120		
25			7160		
26			8422		
27			7996		
28			8849		
29			8781		
30			9033		
31			8880		
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350