

Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 6-21

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. Cl ₂ Residual at 1st User [ppm or mg/L]
1					0.2			0.2
2					0.2			0.2
3					0.1			0.2
4					0.1			0.3
5					0.1			0.2
6					0.1			0.2
7					0.2			0.2
8				0.1				0.3
9				0.1				0.3
10					0.1			0.3
11				0.2				0.2
12			0.1					0.2
13					0.1			0.3
14					0.1			0.2
15					0.1			0.2
16					0.1			0.2
17					0.1			0.2
18					0.1			0.2
19					0.1			0.2
20					0.1			0.2
21				0.2				0.2
22			0.2					0.2
23			0.2					0.2
24			0.1					0.2
25				0.1				0.2
26				0.1				0.2
27					0.1			0.2
28					0.1			0.2
29					0.1			0.3
30					0.2			0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
95% of daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No		
Monthly UV Summary (circle Yes or No)	PRINTED NAME: ERIN SK NESTOR	
Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="checkbox"/> Yes / No	SIGNATURE: <i>Erin Sk Nestor</i>	DATE: 7-9-21
	PHONE #: (541) 572-8807	CERT #: 2674

¹ Respond to continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM 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: 6-21

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			14927		
2			15993		
3			14657		
4			13131		
5			10265		
6			10911		
7			15540		
8			14601		
9			12606		
10			9922		
11			10860		
12			11101		
13			10086		
14			12034		
15			12615		
16			10538		
17			5009		
18			5928		
19			5764		
20			6007		
21			5942		
22			4956		
23			8736		
24			15771		
25			10304		
26			13611		
27			14901		
28			15034		
29			11727		
30			12285		
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