

OHA - Drinking Water Services - Surface Water Quality Data Form

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: COOS

Month/Year: 7-21

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 <sup>1</sup> [NTU]	Min. Cl <sub>2</sub> Residual at 1st User [ppm or mg/L]
1					0.1		0.1	0.2
2					0.1		0.1	0.2
3					0.0		0.0	0.2
4				0.0			0.0	0.2
5			0.1				0.1	0.2
6				0.1			0.1	0.2
7					0.0		0.0	0.2
8					0.0		0.0	0.2
9					0.1		0.1	0.2
10					0.0		0.0	0.2
11					0.0		0.0	0.2
12					0.1		0.1	0.2
13				0.1			0.1	0.2
14				0.1			0.1	0.2
15		0.1	0.1				0.1	0.3
16					0.0		0.0	0.2
17					0.1		0.1	0.2
18					0.0		0.0	0.2
19					0.0		0.0	0.2
20				0.0			0.0	0.2
21				0.0			0.0	0.2
22					0.1		0.1	0.2
23					0.0		0.0	0.2
24					0.0		0.0	0.2
25			0.1				0.1	0.2
26			0.1				0.1	0.3
27				0.0			0.0	0.3
28					0.2		0.2	0.2
29					0.1		0.1	0.2
30					0.1		0.1	0.2
31					0.0		0.0	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered  
 95% of daily turbidity readings ≤ 1 NTU?  Yes / No  
 All daily turbidity readings ≤ 5 NTU?  Yes / No

Monthly Summary (Answer Yes or No)  
 All Cl<sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l?  Yes / No

Monthly UV Summary (circle Yes or No)  
 Was the volume of off-spec water produced less than 5% for the month?  Yes / No

PRINTED NAME: EDNAE NEWTON  
 SIGNATURE: *Ednae Newton*  
 PHONE #: (541) 572-5877  
 DATE: 8-4-21  
 CERT #: 2674

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

County: Coos

Month/Year: 7-21

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			13117		
2			12514		
3			11652		
4			13115		
5			11031		
6			11721		
7			12309		
8			11135		
9			10589		
10			11283		
11			11617		
12			8867		
13			10062		
14			10695		
15			10271		
16			9866		
17			11658		
18			10333		
19			9228		
20			10967		
21			9650		
22			10008		
23			9292		
24			11372		
25			9926		
26			10881		
27			12011		
28			12670		
29			11466		
30			10990		
31			10515		
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