

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

County: COOS
 Month/Year: 12-21

WTP: TP - A

System Name: Bridge Water District ID#: 41 00552

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							0.3	0.2	
2							0.3	0.3	
3							0.6	0.3	
4							0.6	0.2	
5							0.5	0.2	
6							0.7	0.2	
7							0.8	0.2	
8							0.7	0.2	
9							0.7	0.2	
10							0.8	0.3	
11							0.9	0.4	
12	NO PRODUCTION								
13							0.9	0.2	
14							0.8	0.2	
15							0.8	0.2	
16							0.8	0.2	
17							0.7	0.3	
18							0.7	0.3	
19							0.7	0.3	
20							0.6	0.3	
21							0.5	0.2	
22							0.8	0.3	
23							0.8	0.3	
24							0.9	0.3	
25							0.9	0.3	
26							0.9	0.3	
27							0.9	0.3	
28							0.9	0.3	
29							0.9	0.2	
30							0.8	0.2	
31							0.8	0.2	

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input type="radio"/> Yes <input type="radio"/> No	Monthly Summary (Answer Yes or No) All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes <input type="radio"/> No	PRINTED NAME: ERIC NEWTON SIGNATURE: <i>Eric Newton</i> DATE: 1-11-22 PHONE #: (541) 572-5072 CERT #: 2674

¹ Including 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
 Slow Sand Filtration with UV *Giardia/Crypto* Disinfection

County: Coos
 Month/Year: 12-21
 WTP ID: A

System Name: Bridge Water District

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]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * [%]
1			9284		
2			8916		
3			9822		
4			9015		
5			9366		
6			9120		
7			9466		
8			10566		
9			11424		
10			10662		
11			11966		
12			0		
13			12046		
14			12610		
15			11325		
16			9216		
17			7680		
18			10752		
19			8911		
20			9665		
21			10111		
22			11365		
23			12311		
24			9915		
25			13966		
26			0		
27			0		
28			0		
29			0		
30			14117		
31			14802		
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