

OHA - Drinking Water Services - Surface Water Quality Data Form

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: COOS

Month/Year: 1-22

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							0.5	0.3	
2							0.5	0.3	
3							0.6	0.3	
4							0.9	0.2	
5								0.3	
6	NO PRODUCTION								
7								0.3	
8									
9							0.9	0.3	
10							0.6	0.3	
11							0.6	0.3	
12							0.5	0.3	
13							0.4	0.3	
14							0.5	0.3	
15							0.3	0.3	
16							0.2	0.3	
17							0.2	0.3	
18							0.2	0.3	
19							0.3	0.3	
20							0.2	0.2	
21							0.2	0.2	
22							0.2	0.3	
23							0.1	0.3	
24							0.2	0.3	
25							0.2	0.3	
26							0.2	0.3	
27							0.2	0.3	
28							0.2	0.3	
29							0.2	0.2	
30							0.2	0.2	
31									

**Slow Sand/Membrane/DE Filtration/Unfiltered**

95% of daily turbidity readings  $\leq$  1 NTU? <sup>2</sup>  Yes /  No

All daily turbidity readings  $\leq$  5 NTU?  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

**Monthly Summary (Answer Yes or No)**

All Cl<sub>2</sub> residual measurements at entry point  $\geq$  0.2 mg/l?  Yes /  No

PRINTED NAME: *Ernie Newton*

SIGNATURE: *[Signature]* DATE: 2-10-22

PHONE #: (541) 572-5877 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.

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

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ID# 41- 00552

County: Coos

Month/Year: 1-22

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			11208		
2			10001		
3			12216		
4			13611		
5			0		
6			0		
7			0		
8			0		
9			0		
10			14691		
11			13376		
12			15102		
13			14513		
14			13006		
15			15022		
16			7601		
17			6955		
18			7322		
19			8642		
20			9121		
21			8114		
22			12121		
23			11566		
24			12911		
25			12628		
26			11911		
27			13069		
28			12255		
29			12961		
30			13599		
31			11973		
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

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