

OHA - Drinking Water Services - Surface Water Quality Data Form

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

County: COOS

Month/Year: 2-22

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

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings \leq 1 NTU? Yes / No

All Cl₂ residual measurements at entry point \geq 0.2 mg/l? Yes / No

All daily turbidity readings \leq 5 NTU? Yes / No

Monthly UV Summary (circle Yes or No)

PRINTED NAME: ERIN M. [Signature]

Was the volume of off-spec water produced less than 5% for the month? Yes / No

SIGNATURE: [Signature] DATE: 3-10-22

PHONE #: (571) 572-6277 CERT #: 26741

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: 2-22
 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			12 936		
2			8 778		
3			11 199		
4			8 691		
5			1 307		
6			12 313		
7			13 844		
8			12 738		
9			15 021		
10			14 486		
11			12 192		
12			11 667		
13			13 511		
14			11 007		
15			12 084		
16			9 638		
17			10 618		
18			12 390		
19			14 760		
20			14 054		
21			7 779		
22			7 642		
23			8 301		
24			9 667		
25			6 911		
26			7 144		
27			7 009		
28			10 515		
29					
30					
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