

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

County: **COOS**
 Month/Year: **7-22**

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							0.2	0.3
2							0.2	0.2
3							0.2	0.2
4							0.2	0.2
5							0.2	0.2
6							0.2	0.2
7							0.2	0.2
8							0.2	0.2
9							0.3	0.2
10							0.3	0.2
11							0.2	0.2
12							0.2	0.2
13							0.2	0.2
14							0.2	0.2
15							0.2	0.2
16							0.1	0.2
17							0.2	0.2
18							0.2	0.2
19							0.2	0.3
20							0.2	0.2 0.2
21							0.2	0.2
22							0.2	0.2
23							0.1	0.2
24							0.1	0.2
25							0.1	0.2
26							0.1	0.2
27							0.1	0.3
28							0.2	0.2
29							0.2	0.2
30							0.2	0.2
31							0.2	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual measurements at entry point ≥ 0.2 mg/l?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Monthly UV Summary (circle Yes or No)		PRINTED NAME: Ernie Newton	
Was the volume of off-spec water produced less than 5% for the month?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	SIGNATURE: <i>Ernie Newton</i>	DATE: 8-2-22
		PHONE #: (541) 572-5877	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.

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

System Name: Bridge Water District

ID# 41- 00552

County: Coos

Month/Year: 7-22

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			10175		
2			11962		
3			9866		
4			10222		
5			9949		
6			11629		
7			10800		
8			12315		
9			8211		
10			11002		
11			10593		
12			9655		
13			11237		20523
14			10012		
15			11564		2073
16			15322		
17			14611		
18			16035		21198
19			0		
20			0		
21			0		
22			10523		21303
23			14168		
24			15162		
25			12821		
26			13896		
27			14001		
28			14962		22153
29			12610		
30			11105		2239
31			12293		
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