

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

County: COOS
 Month/Year: 8-22

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	
2							0.2	0.2
3							0.2	0.2
4							0.1	0.3
5							0.1	0.2
6							0.1	0.2
7							0.1	0.2
8							0.1	0.3
9							0.1	0.3
10							0.1	0.4
11							0.2	0.3
12							0.2	0.4
13							0.2	0.4
14							0.1	0.3
15							0.1	0.3
16							0.2	0.3
17							0.2	0.2
18							0.2	0.2
19							0.2	0.2
20							0.2	0.2
21							0.1	0.3
22							0.2	0.2
23							0.2	0.2
24							0.2	0.2
25							0.2	0.3
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 95% of daily turbidity readings ≤ 1 NTU? ² <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 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: ERNIE NEWTON SIGNATURE: <i>Ernie Newton</i> PHONE #: (541) 572-5877 DATE: 9-9-2022 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: 8-22
 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			13004		
2			10937		
3			12266		
4			13200		
5			12632		
6			9243		
7			12119		
8			10283		
9			11114		
10			13513		
11			12229		
12			9033		
13			11214		
14			12614		
15			11563		
16			9787		
17			9117		
18			12544		
19			11365		
20			13111		
21			10002		
22			12651		
23			11225		
24			11093		
25			12265		
26			11679		
27			11212		
28			10505		
29			9411		
30			11283		
31			10006		
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350