

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 12-22

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	0.2
2							0.1	0.2
3							0.1	0.3
4							0.1	0.4
5							0.1	0.3
6							0.1	0.3
7							0.2	0.2
8							0.1	0.2
9							0.1	0.2
10							0.2	0.3
11							0.2	0.2
12							0.1	0.3
13							0.1	0.3
14							0.1	0.3
15							0.1	0.2
16							0.1	0.2
17							0.1	0.3
18							0.1	0.2
19							0.1	0.2
20							0.1	0.2
21							0.1	0.3
22							0.1	0.2
23							0.2	0.3
24							0.2	0.2
25							0.2	0.2
26							0.2	0.2
27							0.2	0.2
28							0.2	0.2
29							0.3	0.2
30							0.5	0.2
31							0.6	0.2

Slow Sand/Membrane/DE Filtration/Unfiltered

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

All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly Summary (Answer Yes or No)

All Cl₂ residual measurements at entry point ≥ 0.2 mg/l? 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

PRINTED NAME: ERIN E NEWTON

SIGNATURE: [Signature]

PHONE #: (541) 522-5822

DATE: 1-10-23

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: 12-22

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			12639		
2			9477		
3			10243		
4			11616		
5			10556		
6			9022		
7			12361		
8			10019		
9			11327		
10			10224		
11			9146		
12			11794		
13			13323		
14			12667		
15			14591		
16			13006		
17			12211		
18			14812		
19			11621		
20			14356		
21			11932		
22			10014		
23			12866		
24			11562		
25			6455		
26			6835		
27			4149		
28			8001		
29			6074		
30			14760		
31			15082		
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