

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 1-23

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				NO PRODUCTION				
2				NO PRODUCTION				
3				NO PRODUCTION				
4							0.8	0.5
5							0.6	0.5
6							0.4	0.4
7							0.4	0.4
8							0.3	0.4
9							0.3	0.3
10							0.3	0.3
11							0.3	0.2
12							0.3	0.2
13							0.5	0.3
14							0.5	0.2
15							0.8	0.2
16				NO PRODUCTION				
17				NO PRODUCTION				
18				NO PRODUCTION				
19				NO PRODUCTION				
20							0.9	0.2
21							0.9	0.2
22							0.8	0.2
23							0.7	0.2
24							0.6	0.2
25							0.5	0.3
26							0.4	0.3
27							0.3	0.3
28							0.3	0.3
29							0.3	0.2
30							0.3	0.3
31							0.3	0.3

**Slow Sand/Membrane/DE Filtration/Unfiltered**  
 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> Yes / No  
 All daily turbidity readings ≤ 5 NTU? Yes / No

**Monthly Summary (Answer Yes or No)**  
 All Cl<sub>2</sub> 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: *Ernie Newlan*  
 SIGNATURE: *[Signature]* DATE: 2-7-23  
 PHONE #: (541) 572-5822 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.

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

County: Coos  
 Month/Year: 1-23  
 WTP ID: A

System Name: Bridge Water District

ID# 41- 00552

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	NO PROD -		0		
2	NO PROD -		0		
3	NO PROD -		0		
4			8766		
5			7003		
6			10530		
7			11330		
8			12900		
9			9125		
10			10806		
11			13593		
12			10231		
13			14695		
14			12324		
15			15695		
16	NO PRODUCTION				
17	NO PRODUCTION				
18	NO PRODUCTION				
19	NO PRODUCTION				
20			14540		
21			14991		
22			14036		
23			15377		
24			14909		
25			12624		
26			9248		
27			10022		
28			12401		
29			11177		
30			9633		
31			12721		
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