

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

County: COOS
 Month/Year: 3-23

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 ¹ [NTU]	Min. Cl ₂ Residual at 1st User [ppm or mg/L]	
1							0.6	0.2	
2							0.6	0.2	
3							0.5	0.2	
4							0.7	0.2	
5							0.7	0.2	
6							0.7	0.2	
7							0.8	0.2	
8			NO PRODUCTION						
9			NO PRODUCTION						
10			NO PRODUCTION						
11							1.3	0.3	
12							0.9	0.3	
13							0.8	0.3	
14							0.8	0.3	
15							0.7	0.2	
16							0.8	0.3	
17							0.7	0.2	
18							0.7	0.2	
19							0.6	0.2	
20							0.6	0.2	
21							0.6	0.2	
22							0.5	0.2	
23							0.4	0.2	
24							0.4	0.2	
25							0.5	0.2	
26							0.6	0.2	
27							0.7	0.2	
28							0.7	0.2	
29							0.7	0.2	
30							0.7	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: EMILIE NEALSON
 SIGNATURE: [Signature] DATE: 4-5-23
 PHONE #: (524) 572-8822 CERT #: 2624

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: 3/23
 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					
2				14 225	
3				8 961	
4				12 399	
5				16 505	
6				14 533	
7				10 901	
8				15 377	
9			NO PRODUCTION		
10			NO PRODUCTION		
11				13 082	
12				15 222	
13				10 876	
14				13 357	
15				14 162	
16				11 377	
17				13 613	
18				16 411	
19				9 339	
20				12 216	
21				14 632	
22				9 355	
23				11 678	
24				13 436	
25				11 196	
26				9 021	
27				14 699	
28				9 991	
29				8 837	
30				13 203	
31				14 906	
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