

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 5-23

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

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: ERNIE ALBERTSON

SIGNATURE: *[Signature]*

DATE: 6-8-23

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.

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

County: Coos

Month/Year: 5-23

ID# 41- 00552

WTP ID: A

System Name: Bridge Water District

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			11 774		
2			10 997		
3			13 326		
4			12 555		
5			8 200		
6			11 079		
7			13 361		
8			12 730		
9			9 441		
10			14 637		
11			11 311		
12			12 077		
13			9 411		
14			8 221		
15			8 525		
16			12 799		
17			13 377		
18			10 523		
19			10 116		
20			14 011		
21			12 342		
22			14 677		
23			14 554		
24			12 044		
25			10 621		
26			13 555		
27			12 607		
28			10 344		
29			9 244		
30			13 760		
31			12 992		
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