

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

Month/Year: 8-23

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

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No</p>	<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>All Cl<sub>2</sub> residual measurements at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No</p>
<p><b>Monthly UV Summary (circle Yes or No)</b></p> <p>Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="radio"/> Yes / No</p>	<p>PRINTED NAME: ERNIE NORTON</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 9-9-23</p> <p>PHONE #: (541) 572-5927 CERT #: 2624</p>

<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: 8-23  
 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			14 102		
2			13 644		
3			15 536		
4			14 241		
5			13 961		
6			16 243		
7			12 901		
8			14 964		
9			15 333		
10			13 667		
11			12 821		
12			16 500		
13			12 110		
14			12 620		
15			14 623		
16			13 569		
17			15 007		
18			14 351		
19			12 906		
20			14 837		
21			10 550		
22			12 232		
23			13 722		
24			15 651		
25			12 872		
26			14 788		
27			12 240		
28			11 690		
29			13 444		
30			10 515		
31			12 365		
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