

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

County: COOS
 Month/Year: 10-23

WTP: TP - A

System Name: Bridge Water District

ID#: 41 00552

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	0.3
3							0.1	0.3
4							0.0	0.2
5							0.0	0.2
6							0.0	0.3
7							0.0	0.2
8							0.1	0.2
9							0.1	0.2
10							0.1	0.2
11							0.0	0.3
12							0.0	0.3
13							0.0	0.3
14							0.0	0.2
15							0.0	0.2
16							0.1	0.2
17							0.1	0.2
18							0.0	0.2
19							0.0	0.3
20							0.0	0.3
21							0.0	0.3
22							0.0	0.3
23							0.0	0.2
24							0.1	0.2
25							0.0	0.3
26							0.0	0.3
27							0.0	0.2
28							0.1	0.2
29							0.0	0.3
30							0.0	0.2
31							0.0	0.2

WATER MONITOR

Slow Sand/Membrane/DE Filtration/Unfiltered

95% of daily turbidity readings \leq 1 NTU? ² Yes / No
 All daily turbidity readings \leq 5 NTU? 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

Monthly Summary (Answer Yes or No)

All Cl₂ residual measurements at entry point \geq 0.2 mg/l? Yes / No

PRINTED NAME:

ERNIE NEWTON

SIGNATURE:

Ernie Newton

PHONE #:

(541) 572-5877

DATE:

10-31-23

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: 10-23

System Name: Bridge Water District

ID# 41- 00552

WTP ID: A

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			13651		
2			17283		
3			14516		
4			16383		
5			14284		
6			12121		
7			16009		
8			13650		
9			14477		
10			14544		
11			12966		
12			15111		
13			15395		
14			14124		
15			17360		
16			11227		
17			13808		
18			16543		
19			14010		
20			14878		
21			10665		
22			12021		
23			16199		
24			14534		
25			11515		
26			10000		
27			13501		
28			12965		
29			8940		
30			12169		
31			11283		
Monthly Cumulative % Off-Spec Water Produced ³					

MISSING MONTH

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