

OHA - Drinking Water Services - Surface Water Quality Data Form

County: **COOS**
 Month/Year: **11-23**

Slow Sand, Membrane, Diatomaceous Earth, or Unfiltered

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. Cl2 Residual at 1st User [ppm or mg/L]
1							0.2	0.2
2							0.2	0.2
3							0.2	0.2
4							0.2	0.2
5							0.2	0.2
6							0.3	0.3
7							0.2	0.2
8							0.2	0.2
9							0.2	0.3
10							0.2	0.3
11							0.2	0.3
12							0.2	0.2
13							0.2	0.2
14							0.2	0.2
15							0.3	0.2
16							0.3	0.2
17							0.3	0.2
18							0.4	0.3
19							0.4	0.2
20							0.3	0.2
21							0.3	0.3
22							0.3	0.2
23							0.4	0.2
24							0.3	0.2
25							0.4	0.2
26							0.2	0.2
27							0.3	0.2
28							0.4	0.2
29							0.3	0.2
30							0.3	0.2
31								

Slow Sand/Membrane/DE Filtration/Unfiltered
 95% of daily turbidity readings ≤ 1 NTU? Yes / No
 All daily turbidity readings ≤ 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 ≥ 0.2 mg/l? Yes / No

PRINTED NAME: **ERNIE NEWTON**
 SIGNATURE: *[Signature]*
 PHONE #: **(541) 572-6877**
 DATE: **12-5-23**
 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

County: Coos

Slow Sand Filtration with UV *Giardia*/*Crypto* Disinfection

Month/Year: 11-23

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			10023		
2			13991		
3			12528		
4			10999		
5			14202		
6			9367		
7			14021		
8			15827		
9			10757		
10			12208		
11			8689		
12			10243		
13			15341		
14			12778		
15			9341		
16			11569		
17			13322		
18			12201		
19			14000		
20			12315		
21			14498		
22			11603		
23			9642		
24			14991		
25			11973		
26			9113		
27			13055		
28			10677		
29			11777		
30			12963		
31					
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