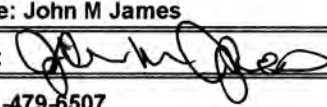


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Josephine**  
 Month/Year: **May-21**

System Name: **Black Bar Lodge** ID#: **41 4193465** WTP : **TP -**

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]
1			0.00				off
2			0.00				off
3			0.00				off
4			0.00				off
5			0.00				off
6			0.00				off
7			0.00				off
8			0.00				off
9			0.00				off
10			0.00				off
11			0.00				off
12			0.00				off
13			0.00				off
14			0.00				off
15			0.30				0.30
16			0.20				0.20
17			0.30				0.30
18			0.20				0.20
19			0.30				0.30
20			0.20				0.20
21			0.20				0.20
22			0.20				0.20
23			0.20				0.20
24			0.20				0.20
25			0.30				0.30
26			0.20				0.20
27			0.20				0.20
28			0.30				0.30
29			0.30				0.30
30			0.20				0.20
31			0.30				0.30

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 5 NTU?	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
Notes:		Printed Name: <b>John M James</b>	
		SIGNATURE: 	Date: <b>06-05-2021</b>
		Phone: <b># 541-479-6507</b>	CERT #:

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: Black Bar Lodge ID#: 41 93465 Month/Year: 21-May

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0	0	0.0	0.0	0.00	8.4	off	off
2	0	0	0.0	0.0	0.00	8.4	off	off
3	0	0	0.0	0.0	0.00	8.4	off	off
4	0	0	0.0	0.0	0.00	8.4	off	off
5	0	0	0.0	0.0	0.00	8.4	off	off
6	0	0	0.0	0.0	0.00	8.4	off	off
7	0	0	0.0	0.0	0.00	8.4	off	off
8	0	0	0.0	0.0	0.00	8.4	off	off
9	0	0	0.0	0.0	0.00	8.4	off	off
10	0	0	0.0	0.0	0.00	8.4	off	off
11	0	0	0.0	0.0	0.00	8.4	off	off
12	0	0	0.0	0.0	0.00	8.4	off	off
13	0	0	0.0	0.0	0.00	8.4	off	off
14	0	0	0.0	0.0	0.00	8.4	off	off
15	0.7	58	40.6	15.8	7.95	35.5	YES	20
16	0.65	58	37.7	15.8	7.98	35.7	YES	20
17	0.75	58	43.5	16.0	7.85	33.9	YES	20
18	0.8	58	46.4	16.0	7.95	35.4	YES	20
19	0.75	58	43.5	15.8	8.00	36.3	YES	20
20	0.8	58	46.4	15.9	8.01	36.4	YES	20
21	0.8	58	46.4	16.0	7.98	35.8	YES	20
22	0.7	58	40.6	16.1	7.95	34.8	YES	20
23	0.8	58	46.4	15.9	8.02	36.6	YES	20
24	0.85	58	49.3	15.7	8.00	37.0	YES	20
25	0.75	58	43.5	15.6	7.97	36.4	YES	20
26	0.8	58	46.4	15.6	8.00	37.0	YES	20
27	0.8	58	46.4	16.0	7.95	35.4	YES	20
28	0.75	58	43.5	16.2	7.96	34.9	YES	20
29	0.8	58	46.4	16.1	7.98	35.6	YES	20
30	0.75	58	43.5	16.5	7.98	34.4	YES	20
31	0.75	58	43.5	16.2	8.00	35.4	YES	20

<sup>3</sup> If Cl<sub>2</sub> at entry point

Revised July 2018

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