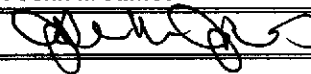


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: Josephine  
 Month/Year: May-22

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			0.20				0.20
2			0.20				0.20
3			0.20				0.20
4			0.20				0.20
5			0.30				0.30
6			0.30				0.30
7			0.20				0.20
8			0.20				0.20
9			0.20				0.20
10			0.30				0.30
11			0.30				0.30
12			0.30				0.30
13			0.30				0.30
14			0.30				0.30
15			0.20				0.20
16			0.30				0.30
17			0.20				0.20
18			0.20				0.20
19			0.20				0.20
20			0.20				0.20
21			0.30				0.30
22			0.30				0.30
23			0.30				0.30
24			0.20				0.20
25			0.30				0.30
26			0.20				0.20
27			0.20				0.20
28			0.20				0.20
29			0.20				0.20
30			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 <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Notes:	Printed Name: John M James		Date: 06/07/2022
	SIGNATURE: 		CERT #:
	Phone: # 541-479-6507		

<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 *GardJa* Log  
 Inactiv: 1.0

System Name: Black Bar Lodge ID#: 41 93465 Month/Year: 2022 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	0.9	150	135.0	20.6	7.90	25.9	YES	20
2	0.85	150	127.5	20.9	7.95	25.7	YES	20
3	0.8	150	120.0	21.0	7.98	25.6	YES	20
4	0.8	150	120.0	21.2	8.00	25.5	YES	20
5	0.8	150	120.0	21.0	8.02	26.0	YES	20
6	0.85	150	127.5	21.0	7.98	25.8	YES	20
7	0.85	150	127.5	20.6	8.00	26.7	YES	20
8	0.8	150	120.0	20.5	7.98	26.5	YES	20
9	0.85	150	127.5	20.2	8.02	27.6	YES	20
10	0.9	150	135.0	20.8	8.01	26.6	YES	20
11	0.9	150	135.0	20.0	8.02	28.2	YES	20
12	0.85	150	127.5	20.1	8.01	27.7	YES	20
13	0.8	150	120.0	19.9	7.98	27.6	YES	20
14	0.85	150	127.5	19.8	7.99	28.1	YES	20
15	0.9	150	135.0	20.1	7.95	27.2	YES	20
16	0.9	150	135.0	19.9	7.99	28.0	YES	20
17	0.85	150	127.5	19.7	7.98	28.1	YES	20
18	0.85	150	127.5	19.5	8.00	28.7	YES	20
19	0.8	150	120.0	19.2	7.95	28.6	YES	20
20	0.8	150	120.0	19.1	7.95	28.8	YES	20
21	0.8	150	120.0	19.1	7.95	28.8	YES	20
22	0.85	150	127.5	19.0	8.00	29.7	YES	20
23	0.85	150	127.5	18.4	8.01	31.0	YES	20
24	0.8	150	120.0	18.6	8.00	30.3	YES	20
25	0.9	150	135.0	18.0	8.01	32.1	YES	20
26	0.9	150	135.0	17.8	8.03	32.7	YES	20
27	0.85	150	127.5	17.5	7.99	32.7	YES	20
28	0.85	150	127.5	17.5	8.00	32.8	YES	20
29	0.8	150	120.0	17.4	7.99	32.7	YES	20
30	0.9	150	135.0	17.1	8.00	33.9	YES	20

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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