OHA - Drinking Water Services - Surface Water Quality Data Form County: Josephine Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems Month/Year: Jul-23 Black Bar Lodge WTP: TP-System Name: ID#: 41 4193465 12 AM 4 AM 8 AM NOON 4 PM 8 PM Highest Reading of the day 1 [NTU] Day [NTU] [NTU] [NTU] [NTU] [NTU] [NTU] 1 0.30 0.30 2 0.20 0.20 3 0.20 0.20 4 0.20 0.20 5 0.30 0.30 6 0.20 0.20 7 0.30 0.30 8 0.20 0.20 9 0.20 0.20 10 0.20 0.20 11 0.20 0.20 12 0.30 0.30 13 0.30 0.30 14 0.20 0.20 15 0.20 0.20 16 0.20 0.20 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 0.20 0.20 26 0.20 0.20 27 0.20 0.20 28 0.20 0.20 29 0.20 0.20 30 0.20 0.20 31 Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary (Answer Yes or No) CT's met everyday? (see All Cl2 residual at entry point 95% of daily turbidity readings ≤ 1 NTU? 2 Yesy No back) ≥ 0.2 mg/l? All daily turbidity readings ≤ 5 NTU? Yes / No Yes / No Notes: Printed Name: John M James 8/8/2023 SIGNATURE:

Phone: # 541-479-6507

CERT #:

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 -	<b>Drinking Water Servi</b>	WTP-:				
					Disinfection Giardia Log	
System Name:	Black Bar Lodge	ID#: 41	93465	Month/Year: 23-Jul	Inactiv:	1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	0.9	60	54.0	17.2	8.00	33.7	YES	20
2	0.9	60	54.0	17.3	7.95	32.8	YES	20
3	0.95	60	57.0	17.2	7.98	33.6	YES	20
4	0.9	60	54.0	17.3	7.95	32.8	YES	20
5	0.9	60	54.0	17.4	7.98	33.0	YES	20
6	0.95	60	57.0	17.4	7.95	32.8	YES	20
7	0.9	60	54.0	17.6	7.98	32.6	YES	20
8	0.9	60	54.0	17.5	7.95	32.4	YES	20
9	0.9	60	54.0	17.3	7.98	33.2	YES	20
10	0.9	60	54.0	17.3	8.02	33,7	YES	20
11	0.9	60	54.0	17.3	8.01	33.6	YES	20
12	0.85	60	51.0	17.4	8.00	33.1	YES	20
13	0.95	60	57.0	17.5	7.99	33.1	YES	20
14	0.9	60	54.0	17.5	7.90	31.8	YES	20
15	0.9	60	54.0	17.6	7.99	32.7	YES	20
16	0.95	60	57.0	17.5	7.99	33.1	YES	20
17	0.9	60	54.0	17.7	7.99	32.5	YES	20
18	0.9	60	54.0	17.8	8.00	32.4	YES	20
19	0.9	60	54.0	17.6	7.98	32.6	YES	20
20	0.9	60	54.0	17.9	8.01	32.3	YES	20
21	0.9	60	54.0	17.8	7.98	32.1	YES	20
22	0.85	60	51.0	18.0	8.00	31.8	YES	20
23	0.9	60	54.0	18.0	7.99	31.8	YES	20
24	0.95	60	57.0	17.9	8.01	32.5	YES	20
25	0.95	60	57.0	17.9	7.98	32.1	YES	20
26	0.9	60	54.0	18.0	7.98	31.7	YES	20
27	0.9	60	54.0	18.1	7.99	31.6	YES	20
28	0.9	60	54.0	17.9	7.98	31.9	YES	20
29	0.9	60	54.0	18.0	8.00	31.9	YES	20
30	0.85	60	51.0	18.0	7.98	31.5	YES	20
31	0.9	60	54.0	17.9	8.00	32.2	YES	20

<sup>&</sup>lt;sup>3</sup> If Cl2 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:
<a href="mailto:dwp.dmce@state.or.us">dwp.dmce@state.or.us</a>; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350