


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

County: Josephine  
 Month/Year: Aug-23

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			0.30				0.30
2			0.20				0.20
3			0.20				0.20
4			0.20				0.20
5			0.20				0.20
6			0.20				0.20
7			0.20				0.20
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			0.20				0.20
14			0.20				0.20
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			0.20				0.20
22			0.30				0.30
23			0.20				0.20
24			0.20				0.20
25			0.20				0.20
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			0.20				0.20

<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	
	SIGNATURE: 	9/8/2023
	Phone: # 541-479-6507	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: **23-Aug**

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	60	54.0	18.2	8.00	31.5	YES	20
2	1	60	60.0	18.2	7.98	31.6	YES	20
3	0.95	60	57.0	18.4	7.98	31.0	YES	20
4	0.9	60	54.0	18.4	7.95	30.5	YES	20
5	1	60	60.0	18.3	7.98	31.4	YES	20
6	1	60	60.0	18.5	7.95	30.7	YES	20
7	1.2	60	72.0	18.7	7.98	31.3	YES	20
8	1.1	60	66.0	18.7	7.95	30.6	YES	20
9	1.1	60	66.0	18.8	8.00	31.0	YES	20
10	1.2	60	72.0	18.8	8.02	31.6	YES	20
11	1.2	60	72.0	18.9	8.01	31.2	YES	20
12	1.2	60	72.0	18.8	8.00	31.3	YES	20
13	1.1	60	66.0	18.7	8.00	31.2	YES	20
14	1	60	60.0	18.9	8.10	31.6	YES	20
15	1.3	60	78.0	18.8	8.10	32.9	YES	20
16	1.2	60	72.0	18.8	7.98	31.1	YES	20
17	0.9	60	54.0	18.6	7.90	29.6	YES	20
18	1	60	60.0	18.6	8.10	32.2	YES	20
19	1.1	60	66.0	18.5	7.98	31.4	YES	20
20	1.1	60	66.0	18.4	8.01	31.9	YES	20
21	1.2	60	72.0	18.6	7.98	31.5	YES	20
22	1.1	60	66.0	18.2	8.00	32.2	YES	20
23	1	60	60.0	18.0	7.99	32.2	YES	20
24	1.1	60	66.0	17.9	8.01	33.0	YES	20
25	0.9	60	54.0	17.9	7.98	31.9	YES	20
26	1	60	60.0	18.0	7.98	32.1	YES	20
27	1.1	60	66.0	18.1	8.00	32.5	YES	20
28	1.2	60	72.0	18.1	7.98	32.6	YES	20
29	1.1	60	66.0	18.0	8.00	32.7	YES	20
30	1.1	60	66.0	18.1	7.99	32.3	YES	20
31	1.1	60	66.0	17.9	8.00	32.9	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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350