OHA - Drinking Water Services - Surface Water Quality Data Form Josephine Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems Month/Year: Jun-24 Black Bar Lodge WTP: TP-System Name: ID#: 41 4193465 4 PM 8 PM 12 AM 4 AM MA8 NOON Highest Reading of the day 1 [NTU] Day [NTU] [NTU] [NTU] [NTU] [NTU] [NTU] 1 0.20 0.20 2 0.20 0.20 3 0.20 0.20 4 0.20 0.20 5 0.20 0.20 6 0.30 0.30 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 0.20 0.30 23 0.20 0.20 24 0.20 0.20 25 0.20 0.20 26 0.20 0.20 27 0.30 0.20 28 0.30 0.30 29 0.20 0.30 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 Yes /ÌNo ≥Q2 mg/l? -back) All daily turbidity readings ≤ 5 NTU? Yes / No Yes / No Yesi/No Notes: Printed Name: John M James SIGNATURE: 7/10/2024

County:

CERT #:

Phone: # 541-479-6507

¹ 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. ² Filtered systems only.

OHA - I	Drinking Water Servi	WTP-:				
					Disinfection Giardia Log	
System Name:	Black Bar Lodge	ID#: 41	93465	Month/Year: 24-Jun	Inactiv:	1.0

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/l	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	1.1	60	66.0	17.0	7.98	34.7	YES	20
2	1	60	60.0	17.1	7.95	33.7	YES	20
3	1.1	60	66.0	17.0	7.98	34.7	YES	20
4	1.1	60	66.0	17.2	7.98	34,2	YES	20
5	1	60	60.0	17.1	7.99	34.2	YES	20
6	1	60	60.0	17.0	7.98	34.3	YES	20
77	1	60	60.0	16.9	7.98	34.5	YES	20
8	11	60	60.0	17.0	7.95	33.9	YES	20
9	1	60	60.0	17.1	7.95	33.7	YES	20
10	1.1	60	66.0	17.0	7.98	34.7	YES	20
11	1	60	60.0	17.6	8.00	33.2	YES	20
12	1	60	60.0	17.7	8.10	34.2	YES	20
13	1.1	60	66.0	17,7	8.00	33.3	YES	20
14	1	60	60.0	17.6	7.90	32.0	YES	20
15	1.1	60	66.0	17.4	7.98	33.8	YES	20
16	1.1	60	66.0	17.7	7.95	32.7	YES	20
17	1	60	60.0	17.6	7.90	32.0	YES	20
18	1.1	60	66.0	17.8	8.00	33.1	YES	20
19	1.1	60	66.0	17.8	7.98	32.9	YES	20
20	1.1	60	66.0	17.9	7.95	32.3	YES	20
21	1	60	60.0	17.6	7.95	32.6	YES	20
22	1.1	60	66.0	17.5	8.00	33.8	YES	20
23	1	60	60.0	17.6	7.99	33.1	YES	20
24	1.1	60	66.0	17.9	8.00	32.9	YES	20
25	1	60	60.0	17.9	7.95	31.9	YES	20
26	1	60	60.0	17.8	7.98	32.5	YES	20
27	1.1	60	66.0	17.5	8.00	33.8	YES	20
28	1.1	60	66.0	17.6	7.95	32.9	YES	20
29	1.1	60	66.0	17.8	8.00	33.1	YES	20
30	1	60	60.0	17.9	7.95	31.9	YES	20
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³ If Cl2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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

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