

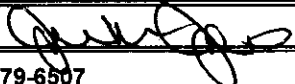
OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Josephine**  
 Month/Year: **Aug-24**

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			0.30				0.30
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			0.20				0.20
17			0.30				0.30
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			0.30				0.30
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)	
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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings $\leq$ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	Printed Name: <b>John M James</b>	
	SIGNATURE: 	10/9/2024
	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: 2024 Sept.

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	1	60	60.0	19.9	7.95	27.9	YES	20
2	1	60	60.0	19.7	7.98	28.6	YES	20
3	1	60	60.0	19.7	7.98	28.6	YES	20
4	1	60	60.0	19.5	7.98	29.0	YES	20
5	1.1	60	66.0	19.2	8.00	30.2	YES	20
6	1.1	60	66.0	19.4	7.98	29.5	YES	20
7	1	60	60.0	19.4	7.98	29.2	YES	20
8	1.1	60	66.0	19.4	7.98	29.5	YES	20
9	1.1	60	66.0	19.8	8.00	29.0	YES	20
10	1.1	60	66.0	19.5	7.98	29.3	YES	20
11	1	60	60.0	19.0	7.99	30.1	YES	20
12	1	60	60.0	19.1	8.00	30.0	YES	20
13	1	60	60.0	18.9	8.00	30.4	YES	20
14	1	60	60.0	18.4	7.95	30.9	YES	20
15	1.1	60	66.0	18.4	8.00	31.8	YES	20
16	1	60	60.0	18.5	7.98	31.0	YES	20
17	1.1	60	66.0	18.0	7.95	32.1	YES	20
18	1	60	60.0	18.1	8.00	32.1	YES	20
19	1.1	60	66.0	17.9	8.00	32.9	YES	20
20	1	60	60.0	18.0	7.98	32.1	YES	20
21	1	60	60.0	18.1	8.00	32.1	YES	20
22	1.1	60	66.0	17.9	8.00	32.9	YES	20
23	1	60	60.0	17.9	8.00	32.5	YES	20
24	1	60	60.0	17.5	7.98	33.2	YES	20
25	1	60	60.0	18.0	7.98	32.1	YES	20
26	1	60	60.0	18.1	7.98	31.9	YES	20
27	1.1	60	66.0	17.8	7.99	33.0	YES	20
28	1.1	60	66.0	17.8	7.98	32.9	YES	20
29	1.1	60	66.0	17.5	8.00	33.8	YES	20
30	1	60	60.0	17.3	8.00	33.8	YES	20
31								

<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:  
[dlw.dmce@state.or.us](mailto:dlw.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350