

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Curry**  
 Month/Year: **Apr-21**

System Name: **Langlois Water District** ID#: **4100466** WTP: TP - **A**

Day	24:00 [NTU]	04:00 [NTU]	08:00 [NTU]	12:00 [NTU]	16:00 [NTU]	20:00 [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	off	off	0.01	0.01	off	off	0.01
2	off	off	0.01	0.02	off	off	0.02
3	off	off	0.02	0.02	off	off	0.02
4	off	off	0.01	0.02	off	off	0.02
5	off	off	0.01	0.01	off	off	0.01
6	off	off	0.01	0.02	off	off	0.02
7	off	off	0.01	0.01	off	off	0.01
8	off	off	0.01	0.01	off	off	0.01
9	off	off	0.02	0.02	off	off	0.02
10	off	off	0.02	0.02	off	off	0.02
11	off	off	0.01	0.01	off	off	0.01
12	off	off	0.01	0.01	off	off	0.01
13	off	off	0.01	0.01	off	off	0.01
14	off	off	0.02	0.02	off	off	0.02
15	off	off	0.01	0.01	off	off	0.01
16	off	off	0.01	0.01	0.01	off	0.01
17	off	off	0.01	0.02	0.02	off	0.02
18	off	off	0.01	0.01	off	off	0.01
19	off	off	0.01	0.01	off	0.01	0.01
20	off	off	0.01	0.01	off	off	0.01
21	off	off	0.01	0.01	off	off	0.01
22	off	off	0.01	0.01	off	off	0.01
23	off	off	0.02	0.02	off	off	0.02
24	off	off	0.01	0.01	off	off	0.01
25	off	off	0.01	0.01	0.01	off	0.01
26	off	off	0.01	0.02	off	off	0.02
27	off	off	0.01	0.01	off	off	0.01
28	off	off	0.01	0.01	off	off	0.01
29	off	off	0.01	0.01	off	off	0.01
30	off	off	0.01	0.02	off	off	0.02
31	off	off	off	off	off	off	off

Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes	CT's met everyday? (see back)
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
		<input checked="" type="radio"/> Yes

Notes:

Printed Darrel Lackard  
 SIGNATURE: *Darrel Lackard* 05/10/21  
 Phone# 541-222-9997 CERT# 2853

<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> IFE = Indivd. Filter Eff. (333-081-0040(1)(d)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	Langlois Water District	ID#: 4100466	Month/Year:	04/01/21	Disinfection <i>Giardia</i> Log Inactiv:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.3	207	62.1	11.1	6.92	32.4	YES	207
2	0.31	207	64.2	11.0	6.90	32.4	YES	207
3	0.31	207	64.2	11.1	6.91	32.3	YES	207
4	0.3	207	62.1	11.1	6.93	32.5	YES	207
5	0.3	207	62.1	10.9	6.90	32.6	YES	207
6	0.29	207	60.0	11.4	6.94	32.0	YES	207
7	0.3	207	62.1	11.3	6.93	32.1	YES	207
8	0.29	207	60.0	10.7	6.97	33.8	YES	207
9	0.31	207	64.2	10.8	7.01	34.1	YES	207
10	0.31	207	64.2	10.9	6.92	32.8	YES	207
11	0.3	207	62.1	10.9	6.90	32.6	YES	207
12	0.31	207	64.2	10.6	6.97	34.1	YES	207
13	0.32	207	66.2	10.8	7.00	34.0	YES	207
14	0.32	207	66.2	11.2	6.95	32.6	YES	207
15	0.32	207	66.2	11.8	6.95	31.4	YES	207
16	0.31	207	64.2	12.1	6.82	29.4	YES	207
17	0.31	207	64.2	12.0	6.85	29.9	YES	207
18	0.31	207	64.2	12.1	6.83	29.5	YES	207
19	0.3	207	62.1	11.8	6.90	30.8	YES	207
20	0.31	207	64.2	12.2	6.90	30.1	YES	207
21	0.32	207	66.2	12.1	6.89	30.2	YES	207
22	0.33	207	68.3	12.2	6.85	29.6	YES	207
23	0.32	207	66.2	13.2	7.01	28.5	YES	207
24	0.3	207	62.1	13.0	6.92	27.9	YES	207
25	0.3	207	62.1	13.1	6.93	27.8	YES	207
26	0.3	207	62.1	12.6	6.90	28.4	YES	207
27	0.29	207	60.0	12.1	6.91	30.3	YES	207
28	0.29	207	60.0	12.6	6.95	28.9	YES	207
29	0.29	207	60.0	12.5	6.93	28.9	YES	207
30	0.29	207	60.0	12.9	6.91	28.0	YES	207
31	off	207	#VALUE!	off	off	#VALUE!	YES	207

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

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