

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: **Curry**
 Month/Year: **Nov-22**

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 ¹ [NTU]
1	off	off	0.02	0.03	off	off	0.03
2	off	off	0.02	0.02	off	off	0.02
3	off	off	0.02	0.02	0.02	off	0.02
4	off	off	0.01	0.01	off	off	0.01
5	off	off	0.02	0.02	off	off	0.02
6	off	off	0.02	0.02	off	off	0.02
7	off	off	0.02	0.02	off	off	0.02
8	off	off	0.02	0.02	off	off	0.02
9	off	off	0.02	0.02	off	off	0.02
10	off	off	0.03	0.02	off	off	0.03
11	off	off	0.02	0.02	off	off	0.02
12	off	off	0.03	0.03	off	off	0.03
13	off	off	0.04	0.04	off	off	0.04
14	off	off	0.04	0.04	off	off	0.04
15	off	off	0.04	0.04	off	off	0.04
16	off	off	0.04	0.04	off	off	0.04
17	off	off	0.04	0.04	off	off	0.04
18	off	off	0.05	0.06	off	off	0.05
19	off	off	0.04	0.03	off	off	0.04
20	off	off	0.04	0.04	0.04	off	0.04
21	off	off	0.04	0.04	off	off	0.04
22	off	off	0.06	0.06	off	off	0.06
23	off	off	0.08	0.08	off	off	0.08
24	off	off	0.04	0.04	off	off	0.04
25	off	off	0.04	0.04	off	off	0.04
26	off	off	0.03	0.03	off	off	0.03
27	off	off	0.05	0.05	off	off	0.05
28	off	off	0.07	0.07	off	off	0.07
29	off	off	0.05	0.05	0.05	off	0.05
30	off	off	0.05	0.05	off	off	0.05
31	off	off	off	off	off	off	off

Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	CT's met everyday? (see back)
<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	All Cl2 residual at entry point ≥ 0.2 mg/l?
	<input checked="" type="checkbox"/> Yes

Notes: **Printed Darrel Lockard**
 SIGNATURE: *Darrel Lockard* 12/10/22
 Phone# 541- 222-9997 CERT# 2853

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: Langlois Water District	ID#: 4100466	Month/Year: 01/30/22	Disinfection <i>Giardia</i> Log Inactiv: 1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.62	207	128.3	13.6	8.36	47.3	YES	207
2	0.63	207	130.4	12.9	8.44	51.1	YES	207
3	0.64	207	132.5	12.1	8.43	53.4	YES	207
4	0.58	207	120.1	12.4	8.41	51.6	YES	207
5	0.53	207	109.7	12.7	8.41	50.6	YES	207
6	0.49	207	101.4	12.2	8.43	52.1	YES	207
7	0.33	207	68.3	11.6	8.44	53.5	YES	207
8	0.33	207	68.3	11.2	8.48	55.7	YES	207
9	0.28	207	58.0	10.8	8.45	56.3	YES	207
10	0.31	207	64.2	10.5	8.45	57.6	YES	207
11	0.29	207	60.0	10.7	8.44	56.5	YES	207
12	0.31	207	64.2	10.6	8.44	57.1	YES	207
13	0.37	207	76.6	10.5	8.46	58.3	YES	207
14	0.36	207	74.5	10.2	8.45	59.2	YES	207
15	0.39	207	80.7	10.3	8.44	58.8	YES	207
16	0.43	207	89.0	9.9	8.45	60.9	YES	207
17	0.44	207	91.1	9.9	8.44	60.7	YES	207
18	0.43	207	89.0	9.9	8.42	60.2	YES	207
19	0.49	207	101.4	9.9	8.42	60.6	YES	207
20	0.53	207	109.7	9.6	8.43	62.4	YES	207
21	0.48	207	99.4	9.3	8.44	63.6	YES	207
22	0.44	207	91.1	9.8	8.51	62.7	YES	207
23	0.54	207	111.8	9.8	8.56	64.6	YES	207
24	0.63	207	130.4	9.6	8.58	66.7	YES	207
25	0.62	207	128.3	9.3	8.37	63.0	YES	207
26	0.65	207	134.6	9.3	8.37	63.2	YES	207
27	0.7	207	144.9	9.2	7.97	55.4	YES	207
28	0.65	207	134.6	9.6	8.30	60.4	YES	207
29	0.58	207	120.1	8.7	8.34	64.6	YES	207
30	0.44	207	91.1	9.1	8.24	59.6	YES	207
31	off	207	#VALUE!	off	off	#VALUE!	off	207

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.