

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Apr-23**

Conventional or Direct Filtration

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	0.01	0.01	off	off	.014
2	off	off	0.03	0.03	off	off	0.03
3	off	off	0.01	0.01	off	off	0.01
4	off	off	0.03	0.03	off	off	0.03
5	off	off	0.01	0.02	off	off	0.02
6	off	off	0.02	0.02	off	off	0.02
7	off	off	0.03	0.06	0.01	off	0.06
8	off	off	0.01	0.01	off	off	0.01
9	off	off	0.01	0.01	off	off	0.01
10	off	off	0.01	0.03	off	off	0.03
11	off	off	0.01	0.01	off	off	0.01
12	off	off	0.09	0.09	off	off	0.09
13	off	off	0.03	0.03	off	off	0.03
14	off	off	0.07	0.07	off	off	0.07
15	off	off	0.09	0.09	off	off	0.09
16	off	off	0.09	0.09	off	off	0.09
17	off	off	0.09	0.09	off	off	0.09
18	off	off	0.09	0.092	off	off	0.09
19	off	off	0.11	0.11	off	off	0.11
20	off	off	0.03	0.33	off	off	0.33
21	off	off	0.295	0.20	off	off	0.30
22	off	off	0.22	0.02	off	off	0.22
23	off	off	0.10	0.03	off	off	0.10
24	off	off	0.10	0.03	off	off	0.10
25	off	off	0.10	0.02	off	off	0.10
26	off	off	0.20	0.05	off	off	0.20
27	off	off	0.10	0.01	off	off	0.10
28	off	off	0.10	0.01	off	off	0.10
29	off	off	0.10	0.01	off	off	0.10
30	off	off	0.10	0.01	off	off	0.10
31	off	off	0.10	0.01	off	off	0.10

95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers		<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes		All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes
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Notes:	Printed Darrel Lockard	
	SIGNATURE: <i>Darrel Lockard</i>	05/08/23
	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 correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	Langlois Water District	ID#: 4100466	Month/Year:	04/01/23	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	0.37	207	76.6	10.3	6.74	32.3	YES	207
2	0.35	207	72.5	10.2	6.70	32.0	YES	207
3	0.35	207	72.5	9.4	6.59	32.5	YES	207
4	0.37	207	76.6	8.9	6.64	34.1	YES	207
5	0.37	207	76.6	9.4	7.01	37.5	YES	207
6	0.37	207	76.6	10.4	7.08	36.1	YES	207
7	0.35	207	72.5	10.3	7.06	36.0	YES	207
8	0.33	207	68.3	10.6	6.67	30.8	YES	207
9	0.35	207	72.5	12.5	7.35	34.0	YES	207
10	0.55	207	113.9	12.7	6.77	27.7	YES	207
11	0.55	207	113.9	10.9	6.78	32.2	YES	207
12	0.55	207	113.9	12.7	7.02	30.4	YES	207
13	0.74	207	153.2	10.7	6.69	32.2	YES	207
14	0.7	207	144.9	11.7	6.68	30.0	YES	207
15	0.9	207	186.3	10.3	6.95	36.8	YES	207
16	0.67	207	138.7	15.0	6.96	25.8	YES	207
17	0.65	207	134.6	14.0	6.48	23.1	YES	207
18	0.8	207	165.6	10.6	6.53	30.9	YES	207
19	0.64	207	132.5	10.6	6.52	30.3	YES	207
20	0.48	207	99.4	12.8	6.33	23.2	YES	207
21	0.71	207	147.0	11.1	6.52	29.6	YES	207
22	0.71	207	147.0	11.1	6.52	29.6	YES	207
23	0.64	207	132.5	11.4	6.58	29.4	YES	207
24	0.69	207	142.8	11.1	6.56	29.9	YES	207
25	0.73	207	151.1	11.9	7.20	35.5	YES	207
26	0.8	207	165.6	12.6	6.95	30.7	YES	207
27	0.44	207	91.1	12.5	6.67	26.7	YES	207
28	0.53	207	109.7	12.3	6.54	27.1	YES	207
29	0.5	207	103.5	12.7	6.57	25.6	YES	207
30	0.8	207	165.6	12.4	6.65	28.8	YES	207
31	0	207	0.0			8.4		

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