

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Dec-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				0.10	0.10		0.10
2			0.20	0.20	0.20		0.20
3			OFF	OFF			OFF
4			OFF	OFF			OFF
5			0.29	0.29	0.29		0.29
6			OFF	0.14	0.11		0.14
7			0.14	0.10	0.12		0.14
8			0.09	0.04	0.05	0.16	0.16
9			0.16	0.04	0.04	0.05	0.16
10			0.07	0.20	0.04	0.04	0.20
11			0.16	0.05	0.04	0.04	0.16
12			0.09	0.04	0.04	0.04	0.09
13			0.09	0.04	0.04	0.08	0.09
14			0.03	0.07	0.10	0.04	0.10
15			0.05	0.08			0.08
16			0.10	0.10	0.05	0.07	0.10
17			0.05	0.05	0.05	0.06	0.06
18			0.04	0.10			0.10
19			0.10	0.10	0.04	0.07	0.10
20			0.04	0.10	0.04		0.10
21			0.04	0.05	0.05	0.04	0.05
22			0.04	0.06			0.06
23			0.06	0.10	0.07		0.10
24			0.04	0.10			0.10
25			0.07	0.03	0.04	0.05	0.07
26			0.07	0.05	0.03	0.03	0.07
27			0.08	0.10	0.03		0.10
28			0.08	0.07			0.08
29			0.05	0.05	0.04	0.04	0.05
30			0.10	0.05			0.10
31			0.05	0.10	0.40	0.04	0.10

Conventional or Direct Filtration	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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Notes:	Printed Name: Darrel Lockard	
	SIGNATURE: <i>Darrel Lockard</i>	1/9/2024
	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:	Dec-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	0.5	207	103.5	10.6	6.86	33.5	YES	207
2	0.99	207	204.9	12.3	6.92	32.4	YES	207
3	OFF	207	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
4	OFF	207	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
5	0.77	207	159.4	12.8	6.90	29.6	YES	207
6	0.97	207	200.8	12.1	7.03	33.9	YES	207
7	0.32	207	66.2	11.9	6.95	31.2	YES	207
8	0.51	207	105.6	11.4	7.08	34.3	YES	207
9	0.82	207	169.7	11.6	6.84	32.3	YES	207
10	0.8	207	165.6	12.2	6.97	32.4	YES	207
11	0.82	207	169.7	12.1	6.88	31.7	YES	207
12	0.7	207	144.9	13.2	6.56	25.2	YES	207
13	0.88	207	182.2	10.7	6.75	33.4	YES	207
14	0.88	207	182.2	10.9	6.73	32.8	YES	207
15	0.81	207	167.7	11.1	6.69	31.7	YES	207
16	0.92	207	190.4	12.3	6.48	27.7	YES	207
17	0.77	207	159.4	10.5	6.61	31.9	YES	207
18	0.64	207	132.5	11.5	6.77	31.2	YES	207
19	0.87	207	180.1	11.2	6.55	30.2	YES	207
20	0.81	207	167.7	11.2	6.60	30.5	YES	207
21	0.83	207	171.8	11.1	6.77	32.6	YES	207
22	1.5	207	310.5	11.6	6.68	33.0	YES	207
23	1.2	207	248.4	11.1	6.48	30.8	YES	207
24	1.1	207	227.7	10.1	6.71	35.1	YES	207
25	0.59	207	122.1	10.9	6.63	30.7	YES	207
26	0.52	207	107.6	11.6	6.55	28.4	YES	207
27	0.42	207	86.9	12.2	6.50	26.6	YES	207
28	0.65	207	134.6	12.1	6.56	28.0	YES	207
29	0.91	207	188.4	13.0	6.62	26.8	YES	207
30	0.62	207	128.3	12.1	6.73	29.5	YES	207
31	0.67		0.0	11.1	6.78	32.2		

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