

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

County: **Curry**
 Month/Year: **Apr-24**

System Name: Langlois Water District		ID#: 410046		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	0.08	OFF	OFF	0.10
2			0.10	0.10	0.10	0.05	0.10
3			0.10	0.04	OFF	OFF	0.10
4			0.08	0.09	0.10	OFF	0.20
5			0.20	0.20	OFF	OFF	0.20
6			0.04	0.04	0.10	OFF	0.10
7			0.07	0.10	OFF	OFF	0.10
8			0.07	0.05	OFF	0.04	0.07
9			0.08	0.03	OFF	OFF	0.08
10			0.08	0.05	OFF	OFF	0.08
11			0.05	0.10	OFF	OFF	0.05
12			0.10	0.04	OFF	OFF	0.10
13			0.08	0.04	OFF	OFF	0.08
14			0.09	0.20	OFF	OFF	0.20
15			OFF	0.04	0.03	0.03	0.04
16			OFF	0.08	0.10	0.10	0.10
17			0.08	0.05	0.04	OFF	0.08
18			0.07	0.10	OFF	OFF	0.10
19			0.10	0.20	OFF	OFF	0.20
20			0.05	0.10	0.05	OFF	0.10
21			0.06	0.05	0.07	OFF	0.07
22			OFF	0.05	0.10	OFF	0.10
23			0.09	0.05	0.04	OFF	0.09
24			0.07	0.05	OFF	OFF	0.07
25			0.07	0.10	OFF	OFF	0.10
26			0.09	0.20	OFF	OFF	0.20
27			OFF	OFF	OFF	OFF	OFF
28			OFF	0.09	0.04	0.07	0.09
29			OFF	0.10	0.04	0.04	0.10
30			0.10	0.10	0.10	OFF	0.10
31			OFF	OFF	OFF	OFF	OFF

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes	CT's met everyday?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes	All Cl2 residual at entry	Yes
All turbidity readings < IFE ² triggers	Yes	Printed Name: Darrel Lockard	
		SIGNATURE: <i>Darrel Lockard</i>	5/1/2024
		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 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: Apr-24	Disinfection Giardia 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]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.5	207	310.5	11.8	6.58	31.5	YES	207
2	1	207	207.0	11.6	6.49	29.3	YES	207
3	0.77	207	159.4	10.9	6.60	31.0	YES	207
4	0.54	207	111.8	11.0	6.45	28.6	YES	207
5	0.46	207	95.2	11.2	6.53	28.7	YES	207
6	0.81	207	167.7	10.2	6.49	31.4	YES	207
7	0.71	207	147.0	10.5	6.62	31.8	YES	207
8	1.2	207	248.4	11.5	6.62	31.5	YES	207
9	1.2	207	248.4	11.3	6.43	29.9	YES	207
10	0.98	207	202.9	11.3	6.56	30.5	YES	207
11	0.61	207	126.3	11.6	6.47	27.9	YES	207
12	0.86	207	178.0	11.7	6.54	29.2	YES	207
13	0.48	207	99.4	12.5	6.67	26.8	YES	207
14	0.61	207	126.3	11.8	6.67	29.5	YES	207
15	0.75	207	155.3	11.8	6.50	28.3	YES	207
16	0.62	207	128.3	11.8	6.46	27.5	YES	207
17	0.98	207	202.9	11.9	6.48	28.6	YES	207
18	0.84	207	173.9	11.9	6.48	28.2	YES	207
19	0.53	207	109.7	11.9	6.54	27.8	YES	207
20	0.88	207	182.2	12.1	6.33	26.6	YES	207
21	0.79	207	163.5	11.9	6.56	28.8	YES	207
22	0.73	207	151.1	12.4	6.59	28.0	YES	207
23	1.18	207	244.3	12.8	6.72	29.0	YES	207
24	0.84	207	173.9	12.2	6.71	29.9	YES	207
25	0.85	207	176.0	12.4	6.72	29.6	YES	207
26	0.87	207	180.1	12.5	6.64	27.8	YES	207
27	OFF			OFF	OFF		off	
28	0.75	207	155.3	12.2	6.54	27.9	YES	207
29	0.77	207	159.4	12.0	6.64	29.3	YES	207
30	0.91	207	188.4	12.0	6.58	29.2	YES	207
31				OFF	OFF			

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

Revised October 2016-8 PAX