

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

County: **Curry**
 Month/Year: **May-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	0.05	0.04		0.10	
2			0.10	0.10			0.10	
3			0.10	0.20			0.20	
4				0.20	0.10		0.20	
5				OFF	OFF		OFF	
6				0.10	0.07		0.10	
7				0.10	0.10		0.10	
8				0.05	0.09		0.09	
9			OFF	OFF			OFF	
10			0.09	0.20	0.07		0.09	
11			0.20	0.04	0.04		0.20	
12			0.09	0.09			0.09	
13			0.08	0.06	0.06		0.08	
14			0.10	0.10	0.10		0.10	
15			0.08	0.04	0.06		0.08	
16			0.08	0.10			0.10	
17			0.08	0.07	0.06		0.08	
18			0.06	0.06	0.10		0.10	
19			OFF	OFF			OFF	
20			0.10	0.60	0.07		0.10	
21			0.08	0.10			0.10	
22			0.10	0.04			0.10	
23			0.06	0.10			0.10	
24			0.06	0.10			0.10	
25			0.07	0.05	0.05		0.07	
26			OFF	OFF			OFF	
27				0.08	0.10	0.04	0.10	
28	0.04			0.04	0.05	0.10	0.10	
29				0.10			0.10	
30				0.05	0.04	0.06	0.06	
31				0.10			0.10	

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	CT's met everyday?	<input checked="" type="checkbox"/>
All 4-hour turbidity readings ≤ 1 NTU?				<input checked="" type="checkbox"/>
All turbidity readings < IFE ² triggers				<input checked="" type="checkbox"/>
			Printed Name: Darrell Lockard	
			SIGNATURE: <i>Darrell Lockard</i>	6/10/2024
			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: May-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	0.7	207	144.9	12.0	6.83	31.0	YES	207
2	0.5	207	103.5	12.1	6.69	28.8	YES	207
3	0.66	207	136.6	12.0	6.62	28.8	YES	207
4	0.82	207	169.7	11.9	6.82	31.5	YES	207
5	OFF		OFF	OFF	OFF	OFF		off
6	1.07	207	221.5	11.4	6.64	31.4	YES	207
7	1.43	207	296.0	11.6	6.74	33.4	YES	207
8	1.07	207	221.5	11.5	6.63	31.1	YES	207
9	OFF		OFF	OFF	OFF	OFF		off
10	1.3	207	269.1	13.8	6.54	25.7	YES	207
11	0.78	207	161.5	13.2	6.61	25.9	YES	207
12	0.72	207	149.0	13.5	6.61	25.2	YES	207
13	0.59	207	122.1	13.8	6.70	25.2	YES	207
14	0.61	207	126.3	13.7	6.56	24.1	YES	207
15	0.62	207	128.3	14.4	6.51	22.6	YES	207
16	0.76	207	157.3	14.0	6.49	23.4	YES	207
17	0.74	207	153.2	14.2	6.48	23.0	YES	207
18	0.44	207	91.1	14.1	6.49	22.4	YES	207
19	OFF	207	OFF	OFF	OFF	OFF	NO	207
20	0.73	207	151.1	14.0	6.49	23.4	YES	207
21	0.68	207	140.8	13.9	6.50	23.5	YES	207
22	0.68	207	140.8	14.4	6.62	23.7	YES	207
23	0.62	207	128.3	14.2	6.57	23.4	YES	207
24	0.73	207	151.1	14.0	6.88	27.0	YES	207
25	0.63	207	130.4	14.2	6.54	23.2	YES	207
26	OFF		OFF	OFF	OFF	OFF		off
27	0.65	207	207.0	14.5	6.69		YES	207
28	0.43	207	89.0	15.0	6.63	22.2	YES	207
29	0.5	207	103.5	16.1	6.67	21.1	YES	207
30	0.66	207	136.6	15.3	6.58	21.9	YES	207
31	0.74	207	153.2	15.4	6.72	23.2	YES	207

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