

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

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

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	OFF	OFF	0.04	OFF	0.04
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	0.06	OFF	0.10	0.10
4	0.10	OFF	OFF	0.10	0.05	0.05	0.10
5	OFF	OFF	0.10	0.10	0.10	OFF	0.10
6	OFF	OFF	OFF	0.08	0.10	OFF	0.10
7	OFF	OFF	OFF	0.10	OFF	OFF	0.10
8	OFF	OFF	OFF	0.07	OFF	OFF	0.07
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	0.09	0.10	0.10	0.10
11	OFF	OFF	0.08	0.04	0.04	OFF	0.08
12	OFF	OFF	0.05	OFF	OFF	OFF	0.05
13	OFF	OFF	OFF	OFF	0.05	0.06	0.06
14	OFF	OFF	0.04	0.08	OFF	OFF	0.08
15	OFF	OFF	OFF	0.10	OFF	OFF	0.10
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	OFF	OFF	OFF	0.08	0.09	OFF	0.09
18	OFF	OFF	OFF	0.10	0.10	OFF	0.10
19	OFF	OFF	OFF	0.05	0.08	OFF	0.08
20	OFF	OFF	OFF	OFF	OFF	0.08	0.08
21	OFF	OFF	OFF	OFF	0.08	OFF	0.08
22	OFF	OFF	OFF	0.06	OFF	OFF	0.06
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	0.07	0.08	OFF	0.08
25	OFF	OFF	OFF	0.10	OFF	OFF	0.10
26	OFF	OFF	OFF	OFF	0.05	0.06	0.06
27	OFF	OFF	OFF	OFF	0.10	0.09	0.10
28	OFF	OFF	OFF	0.07	0.05	0.05	0.07
29	OFF	OFF	OFF	0.06	0.05	OFF	0.06
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes	95% of 4-hour turbidity readings ≤ 1 NTU?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes	All turbidity readings < IFE ² triggers	Yes
Notes:		PRINTED NAME: Darrel Lockard	
		SIGNATURE: <i>Darrel Lockard</i>	
		DATE: 7/10/24	
		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: Feb-18	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/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.73	207	151.1	15.7	6.63	21.9	YES	207
2	OFF			OFF	OFF		Off	0
3	0.57	207	118.0	15.4	6.69	22.5	YES	207
4	0.62	207	128.3	15.5	6.74	22.9	YES	207
5	0.69	207	142.8	15.6	6.83	23.7	YES	207
6	0.68	207	140.8	15.6	6.96	24.8	YES	207
7	0.73	207	151.1	15.9	6.90	24.0	YES	207
8	0.55	207	113.9	15.9	7.00	24.4	YES	207
9	OFF			OFF	OFF		Off	0
10	0.73	207	151.1	16.2	7.00	24.4	YES	207
11	0.47	207	97.3	16.5	6.67	20.5	YES	207
12	0.6	207	124.2	16.1	6.71	21.7	YES	207
13	0.52	207	107.6	16.7	6.72	20.7	YES	207
14	0.46	207	95.2	15.6	6.65	21.6	YES	207
15	0.63	207	130.4	16.0	6.63	21.3	YES	207
16	OFF			OFF	OFF		Off	0
17	0.54	207	111.8	15.8	6.62	21.2	YES	207
18	0.71	207	147.0	15.7	6.53	21.1	YES	207
19	0.78	207	161.5	16.2	6.72	22.1	YES	207
20	0.74	207	153.2	16.5	6.47	19.6	YES	207
21	0.46	207	95.2	17.4	6.55	18.4	YES	207
22	0.46	207	95.2	17.6	6.73	19.4	YES	207
23	OFF			OFF	OFF		Off	0
24	0.6	207	124.2	17.5	6.73	19.9	YES	207
25	0.93	207	192.5	17.4	6.55	19.4	YES	207
26	0.63	207	130.4	17.9	6.58	18.3	YES	207
27	0.66	207	136.6	18.0	6.69	19.1	YES	207
28	0.72	207	149.0	18.6	6.63	18.0	YES	207
29	0.5	207	103.5	18.9	6.68	17.5	YES	207
30	OFF			OFF	OFF		Off	0
31	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